

# Camden Pharmaceutical Needs Assessment: Qualitative research into pharmacy services

A report by OPM for Camden and Islington's  
Pharmaceutical Needs Assessment Steering Group

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Authors	Louisa Thomson and Max Kowalewski
Quality Assurance by	Leigh Johnston
Main point of contact	Louisa Thomson
Telephone	0207 239 7824
Email	LThomson@opm.co.uk

If you would like a large text version of this document, please contact us.

#### OPM

252b Gray's Inn Road  
London  
WC1X 8XG

0845 055 3900  
www.opm.co.uk  
info@opm.co.uk



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# Executive Summary

The Office of Public Management (OPM) were commissioned by Camden and Islington's Pharmaceutical Needs Assessment Steering Group to undertake a research study to explore in more depth local experiences and views of pharmacy services in both boroughs, and to gather ideas for improvements. The research focussed on:

- Residents and people who work in either borough and currently use community pharmacies;
- Pharmacists operating in Camden or Islington;
- Other health professionals who come into contact with pharmacies as part of their roles.

The research took place in July 2014, with 5 **focus groups** in Camden representing different groups within the local population of pharmacy users – residents with long term conditions; residents with mental health support needs; residents using smoking cessation services; those living or working in Camden from lower income backgrounds; and those living and working in Camden from BAME backgrounds. An **online survey** with pharmacy staff and health professionals working in the borough was also launched.

Although the research involved a relatively small sample of Camden residents, pharmacists and health professionals, the results provide an insight into what is currently working well and not so well in pharmacies in Camden; barriers and gaps in accessing services in pharmacies; the priorities of local residents with different health needs; the relationship between pharmacies and other local health services and specific ideas for how services could be improved.

Pharmacists and health professionals identified that an increasingly ageing population and people with long term conditions are likely to have the biggest impact on pharmacy services over the next decade.

Pharmacies in Camden were generally viewed positively by focus group participants and survey respondents, particularly around their convenience, responsiveness and ability to offer a personalised service. Those with high dependency on services who are regular pharmacy users are keen to see some improvements, but had pragmatic suggestions in many cases of how this might be achieved.

Through both strands of our research we identified a set of **recommendations** that could potentially be addressed through the wider PNA process in Camden:

**Location of pharmacies in Camden:** One suggestion from a focus group participant was that the borough should be divided into four, with early and late night openings, and out of hours services mapped to ensure that there is equitable coverage. Clearer information should be provided in pharmacies of out of hours services so pharmacy users know where to go.

**Prescriptions:** The PNA Steering Group should consider what steps can be taken to build on the high level of trust that residents in Camden have in pharmacies in the future, and to specifically address the frustrations that can emerge when residents have to make repeat visits due to prescriptions not being available. One of the suggestions from a pharmacist responding to the survey was that there could be more meetings between pharmacists and other health professionals – and this could be a forum to address some of the issues around prescribing that so many in our groups had clearly experienced.

**Promoting different prescription options:** Every pharmacy should make it clear which options are available for collecting prescriptions, particularly targeting those managing multiple conditions so they are fully aware of the range of ways that they can arrange to receive reminders about or pick up their prescriptions.

**Promotion of pharmacy services:** Advertising in pharmacies about the range of services on offer could be improved, but also using different routes to disseminate this – via booklets, local advertising in papers, or door to door leaflets. The availability of different languages spoken in pharmacies should also be promoted more clearly.

**Accessibility:** Pharmacies should ensure that they have seating and wheelchair access for those who are able to visit in person, and better promotion of the home delivery service for those who are not. This should be mapped across Camden to identify which premises are not currently accessible.

**Ongoing engagement:** The Steering Group should consider meeting with representative groups in the borough to discuss how to take their ideas forward as the PNA develops and to ensure that when the document is being consulted on these groups can continue to have their say on the shape of future pharmacy services in the borough.

**Links with between pharmacies and other services:** Current patterns of information sharing, signposting and referral needs further interrogation to identify in local areas exactly where the perceived gaps are between these different services. On a wider level, one suggestion was that the CCG could help to foster this cooperation, and that joined up working and commissioning across pharmacies and other health service in Camden could be improved.

# Introduction

As part of their 2015 Pharmaceutical Needs Assessment (PNA), Camden and Islington's PNA Steering Group commissioned the Office for Public Management (OPM) to undertake qualitative research into pharmacy services in both boroughs.

Under the Health and Social Care Act 2012 it is now the responsibility of every Health and Wellbeing Board to publish a Pharmaceutical Needs Assessment for its local population by April 2015. PNAs need to investigate the health profiles of the local populations and their current and projected pharmaceutical needs, as well as examining the provision of community pharmacy services and how services can be improved to meet those needs more effectively.

In Camden and Islington the PNAs are being developed together by the joint PNA steering group for the two areas, although a separate PNA will be produced for each borough. Camden and Islington's PNA Steering Group are undertaking a number of activities as part of the PNA process, including analysing existing pharmacy data on locally commissioned services, and from NHS England. However, the Steering Group identified that they needed to understand more closely local experiences and views of pharmacy services, and that this would be best achieved through a separate qualitative study. This approach has meant a more detailed exploration of the perspectives and experiences of:

- Residents and people who work in either borough and currently use community pharmacies;
- Pharmacists operating in Camden or Islington;
- Other health professionals who come into contact with pharmacies as part of their roles.

The purpose of the qualitative study were set out by Camden and Islington's PNA Steering Group and confirmed at the start of the project. The key questions defining the research with the members of the public who used pharmacies in Camden were:

- How do residents use local pharmacy services?
- What impacts on their choice of community pharmacies?
- What would help residents use community pharmacies more, and make full use of their services to enable them to lead a healthier life?
- What works well and what doesn't work well in community pharmacies?
- How do community pharmacies help them manage their diagnoses?
- How could community pharmacies be improved?

The research with health professionals sought to gather the views on pharmacy services in Camden of local health professionals, including pharmacists, pharmacy staff, GP practice staff, and district nurses. The main research questions were:

- What do GP practice staff, district nurses and pharmacy staff think works well in community pharmacies?
- What could be done better in community pharmacies?
- For pharmacists, what would make it easier to signpost the public to relevant interventions?
- For GP practice staff, what are the challenges to signposting their patients to community pharmacies?

The research consisted of:

- Nine focus groups (five in Camden, four in Islington) representing different groups within the local population of pharmacy service users;
- An online survey with pharmacy staff and health professionals working in the two boroughs.

The focus groups took place between 15<sup>th</sup> and 22<sup>nd</sup> July 2014, with the survey running between the 11<sup>th</sup> and 29<sup>th</sup> July 2014.

This report presents the findings from the focus groups that were held in Camden and the survey responses from pharmacists and health professionals working in Camden, and makes a set of recommendations as to how pharmacy services in the borough could be improved. It provides a deeper picture of the priorities of local people to complement the wider Camden PNA research being produced by Camden and Islington's PNA Steering Group. An equivalent report on our findings in Islington has been produced separately.

Throughout this report 'pharmacy' will refer to community pharmacies, unless stated explicitly otherwise.

# Part One:

## The experiences of members of the public using pharmacies in Camden

This first part of this report presents the findings from OPM's five focus groups with members of the public using pharmacies in Camden between 15<sup>th</sup>-22<sup>nd</sup> July 2014.

### Methodology

#### Sampling

Camden and Islington's PNA Steering Group had a particular interest in specific population groups using pharmacies in the borough. These were discussed at the project inception stage, and selected in order to represent a wide range of views and needs. Within the confines of this research project it was not possible to conduct exhaustive research of all possible groups of service users in Camden, so the five groups chosen were:

- People living in Camden with long-term conditions (e.g. diabetes, stroke, high blood pressure, COPD, and those with multiple diagnoses)
- People living in Camden with mental health support needs
- People living in Camden using smoking cessation services
- General pharmacy users who live or work in Camden, from lower income backgrounds
- General pharmacy users who live or work in Camden, from BAME (Black, Asian and minority ethnic) backgrounds

OPM then convened five focus groups for each of these population groups of pharmacy service users in Camden. A sampling framework was devised for each group to ensure that participants were from a balanced range of ages, genders, and ethnicities. Our aim was for each focus group to consist of 8-10 people, and in order to account for natural drop-out rates we recruited 12 participants. The age range of those participating was 18-85. An overview of the composition of the final groups can be found in Appendix B.

#### Recruitment

Different recruitment avenues were used for the focus groups. For the groups convened according to specific health needs (people with long-term conditions, those with mental health support needs) recruitment was undertaken with the help of a wide range of local partners from health and community organisations in Camden. These organisations supported recruitment by disseminating information on the focus groups by email, telephone and in person at local group meetings. The full list of organisations can be found in Appendix A. Although this approach involved intensive liaison over a short space of time,



we felt it was important to use existing connections between organisations and service users, in order to be able to target those who would be willing to contribute to a discussion, and have views on pharmacies from their experiences of managing particular conditions. For these two groups, we used venues provided by local community organisations in order to be able to offer a neutral, accessible and familiar space for the discussions to take place in.

Smoking cessation service users were recruited via the main stop smoking service in the borough, as they held data on those currently using pharmacies. For the two groups of general pharmacy users we used specialist recruiters Plus 4, who invited people to take part in the focus groups on our behalf. All of these groups took place in Camden Town Hall. In each case recruitment was monitored for age, gender and ethnicity in order to achieve a balanced sample. A cash incentive of £30 was offered to all participants.

One recruitment challenge we encountered was around convening the focus group on long-term conditions. We contacted a large number of different community groups and health interest organisations, aiming to achieve representation from people with a variety of long term conditions. Inevitably, we were reliant on who was willing to participate, and the group did feature people predominantly with diabetes, but also those with COPD, asthma, chronic liver disease and high blood pressure. Another challenge with this group was recruiting younger participants, as the nature of the group favoured predominantly older people.

For the smoking cessation service group we suffered a high drop-out rate on the day, despite having used the same approach of recruiting 12 people, sending reminders before the group and using an accessible venue. Overall, four out of the five groups in Camden had the target number of participants.

## Fieldwork

A detailed discussion guide for the focus group was developed with input from Camden and Islington's PNA Steering Group. As the smoking cessation service users group was organised around one particular service a different discussion guide was created for this group. Both guides can be found in Appendix C.

Each focus group was convened for between one and a half and two hours and was facilitated by one or two researchers. We took a pragmatic approach to facilitating the groups, allowing for a break if required given that we were discussing issues relating to personal health needs which might be sensitive or challenging for some participants. Discussions were organised around the structure of the guide, with individual and group exercises to support interaction and good group dynamics.

The focus groups were analysed according to general trends and commonalities across all groups, as well as at individual group level to identify trends relating to their specific needs. It is important to note when reading this report that the views and experiences are from a small sample of Camden residents, and are not directly attributable to identifiable pharmacies. The findings should be read with this in mind, to avoid making too many assumptions about wider trends about pharmacies in general across the borough.

# Findings

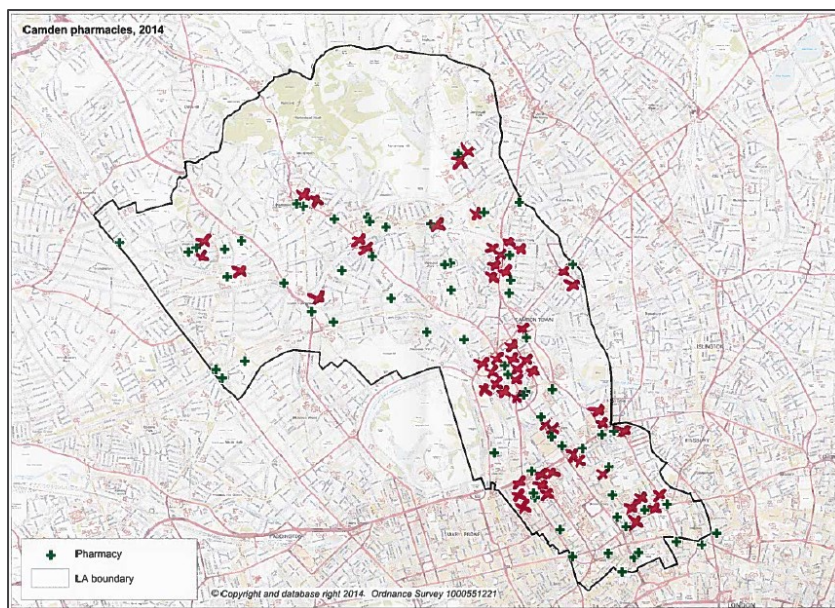
## Current pharmacy usage

### *Location of pharmacies*

In each focus group, we ask participants to identify roughly where the pharmacies were that they used. This was to give us a sense of the geographical range of pharmacies being accessed by those taking part.

The map in Figure 1 below shows the visiting pattern of pharmacies identified by participants – a full-size map can be found in Appendix E. Each red cross marks where residents and workers stated they use a pharmacy. Pharmacy visits were mostly concentrated around the Camden High Street area; large numbers of participants also used pharmacies in the Euston/King's Cross area, around Russell Square, and in Kentish Town. There were fewer participants who used pharmacies in the north-west of the borough.

**Figure 1: Map of focus group participant pharmacy use**



### *Factors influencing choice of pharmacy*

The main reason across all groups for using one pharmacy over another is convenience of the pharmacy's location, whether it is close to people's homes, workplaces, surgeries, or daily routes, with parking also being a factor. Some participants also cited longer opening hours as a reason for choosing a particular pharmacy.

However, for many participants the quality of the service was also a decisive factor influencing their choice of pharmacy, and they would go to pharmacies further afield because of the good personal

relationships with staff, and the helpfulness or friendliness of customer service in that particular pharmacy. This factor around the quality of customer service came out particularly strongly amongst participants in the groups for long-term conditions and mental health support needs.

Other influencing factors that some people cited revolved around knowing that a particular pharmacy delivered a reliable service, for example not having to wait to pick up prescriptions, always having medication in stock, or being able to order it in quickly. Links to GP surgeries determined the choice for some. Finally, wheelchair access was a concern for people with mobility issues.

### *Frequency of pharmacy visits*

The frequency of visiting pharmacies ranged widely across participants in the different groups. Very few went in daily for prescriptions, with more common patterns of usage including weekly, every two weeks, monthly and quarterly. We found that most participants in the groups for mental health support needs, long-term conditions, and smoking cessation services had more regular patterns of usage as they visit pharmacies to collect their prescriptions.

### *Commonly used services*

Across all groups apart from smoking cessation service users, the main services used in pharmacies were:

- **Prescriptions:** This was seen as the core service used in pharmacies. Particularly for the groups with mental health support needs and long-term conditions the discussions revolved heavily around collecting prescriptions, using the repeat prescription service, home delivery service, with a few using the electronic prescription service as well. The latter three services were mentioned by some in the general groups but were not as common across the groups as a whole.
- **Over the counter medication:** These were often the main or even only reason to go to a pharmacy cited by participants in the two groups of general pharmacy service users. All groups mentioned buying other products such as toiletries and cosmetics in pharmacies at the same time.
- **Advice:** This included advice on medication use, changing medications, and taking multiple medications, which was particularly a theme in the groups on long-term conditions and mental health support needs who relied more directly on interaction and advice from the pharmacist. Advice on symptoms and minor ailments was also sought by many participants, particularly for mothers wanting advice for their children in the general groups. Advice also involved whether it was appropriate to see the GP or another health service.

### *Other services used by participants*

In the general focus groups, individual participants used a wide variety of different services in pharmacies. They mentioned: consultation rooms; family planning; flu and travel vaccinations; minor ailments services, including using the minor ailments Patient Passport; glasses; picking up information leaflets; emergency medication when prescriptions run out; blood pressure checks; stop smoking services; disposing excess drugs; and NHS Health Checks.

Those with long term health conditions reported using medicine review services, and buying supplies specific to their long-term condition(s) for instance in the case of asthma, getting advice from the pharmacist about how to use the inhaler. However, these patterns of usage were less common overall.

Several participants in the group for people with mental health needs talked about their use of the consultation room in order to have private discussions with the pharmacist. Other services mentioned by individual participants were vitamin supplements and health checks.

**Key points:**

- **Main influences in choosing a pharmacy:** convenience; proximity to home or work; opening hours; quality of customer service; reliability; accessibility; links to GP
- **Frequency of pharmacy visits:** more regular for those with mental health needs or long term conditions
- **Most often used pharmacy services:** Collecting prescriptions in person; over the counter medication; advice on medication and minor ailments. Repeat prescription service, and home delivery service for those with mental health needs and long term conditions.

# Experiences and views of pharmacies and their services

This section of the report explores:

- What is currently working well in community pharmacies in Camden – positive experiences amongst different groups of pharmacy users
- What is currently working less well in community pharmacies in Camden – sad negative experiences amongst different groups of pharmacy users

In all focus groups, we discussed current experiences of using pharmacies in Camden in order to establish what was particularly valued about the services on offer. We were interested in any judgments on the quality or level of confidence in pharmacy services, and aimed to draw out any negative feedback about specific services.

Given the relatively small number of participants in our focus groups, these experiences and views should not be taken as necessarily being representative of all pharmacy users in Camden. Our sampling did try to reflect the perspectives of different service users across the borough, but we would again stress a degree of caution when interpreting these findings and to avoid making too many general assumptions.

Overall, in Camden pharmacies and their services were viewed positively, particularly among the general groups of people living or working in the borough. In these two groups, several participants had nothing negative to say, and a strong feeling that services should not be altered dramatically or cut. However these participants tended to use pharmacies less frequently, with some predominantly associating pharmacy visits with solely purchasing over the counter medication, toiletries and sundries.

Those with long-term conditions and mental health needs were positive about pharmacy services in Camden, but were also keen to see improvements – perhaps unsurprising given the high level of pharmacy usage, and wide range of services accessed by participants in these groups. Some in the mental health group stated that they felt service quality had declined in recent years.

The configuration of the services used varied among the smoking cessation group as some would go to specialist health centres or GP drop-in services for their advice, using the pharmacy to pick up prescriptions of smoking cessation medication and aids.

Without prompting, the majority of the groups came to draw distinctions between the quality of service in chain pharmacies and in smaller independent ones. Generally the quality of service was felt to be better in independent pharmacies, with staff in the larger chains perceived to be less attentive, and more 'impersonal'. The advantage of chain pharmacies was seen to lie in lower prices and more convenient opening hours.

## Positive experiences of community pharmacies in Camden

### General trends across all groups

*“It’s nice to be able to walk in and speak to someone.”*

The main benefit of pharmacy services for all users was that access is convenient and local, and participants were very appreciative of the fact that they could get advice quickly without needing an appointment. Many felt that staff were friendly, attentive, and had time to listen. Some participants had built up very good relationships with their pharmacies over the years, and are known by name.

A number of participants particularly praised their pharmacists’ pharmaceutical knowledge and advice on symptoms, medicine use, changing dosages and different brands and knowing when it was appropriate to be referred to another health professional. Pharmacists were also viewed as being good at flagging up clashes between prescribed medications, and recommending cheaper alternatives where available.

Those participants that use the repeat prescription service were satisfied with how this worked, and commented on the availability of text reminders where these were used. Those few participants that used the home delivery service also felt it worked well for them.

Several participants across the groups appreciated being able to use the consultation room for advice on very personal matters, though awareness of this service was variable, and not always promoted as an opportunity.

### People with long term health conditions

*“I need to feel like I’m in good hands when I visit the pharmacy, and that the pharmacist will set aside the time for me.”*

Positive experiences particular to this group were mainly centred around helpful advice on multiple medications, side effects, dosages and best patterns of taking medication. This group rely heavily on trusting the pharmacists and highlighted the importance of accuracy. For one participant, having a medicine review was really useful. For those who are managing long-term conditions, patterns of medication usage can change, and they may need reminding of the effect of this. The knowledge and expertise of pharmacists is crucial in this context.

Pharmacists’ willingness to be flexible and accommodating was also valued, particularly when they had gone out of their way to offer a personalised service. Examples of this include: specifically ordering and dispensing a smaller box and type of tablet; offering a home delivery when the customer was unwell; and accepting a fax from the GP over urgent medication, saving an unnecessary trip for the patient. Some participants in this group had a higher level of trust in pharmacists than their GP – feeling that their knowledge of long term conditions was better.

## ***People with mental health needs***

*“I never have any fears about going to the chemist. They are nearly always polite and attentive, and the pharmacist is very helpful”*

Discussions in this group on positive aspects of pharmacies focussed on a few key areas. Good staff were described as being ‘respectful’ and ‘conscientious’, and treating service users with ‘dignity’. Most valued being known personally, and they appreciated pharmacists being proactive about meeting service user’s needs and aware of changes in mood or behaviour relating to their condition.

The ability to get emergency supplies of prescriptions, when the GP was not available, was cited by some as very helpful. It can cause high levels of anxiety for those with mental health needs if things go wrong – for example, losing medication, forgetting to renew prescriptions or requiring medication at weekends.

Privacy was a positive feature for some, in terms of being able to have private consultations (sometimes in the consultation room), as well as praising how prescriptions are given out in neutral bags.

Good communication between the pharmacist and the GP to ensure a smooth service, with patients being aware of these discussions was viewed as vital. With positive channels of communication, mistakes could be rectified on the spot, avoiding the need for repeat visits. However several felt they were ‘lucky’ to benefit from these links, suggesting they do not believe this is the norm.

## ***Smoking cessation service users***

*“There was a non-judgemental attitude in the service, which I really appreciated.”*

Being able to receive materials on prescription is a real support to smoking cessation service users. Smoking cessation aids are very expensive over the counter in pharmacies and the group felt that without prescriptions they would not be able to afford the materials that help them stop smoking. A wide range of medications and aids is on offer so service users can choose what works best for them, and switch easily from one to another.

Participants were positive about the role of advisers – particularly where they were viewed to be professional and knowledgeable, giving relevant advice and motivating users. This worked most effectively where the adviser was the same throughout the engagement with the service. Participants also felt the amount of information available on health effects of smoking and different ways to stop was useful – and that this information was clear, and comprehensive.

## Negative experiences of community pharmacies in Camden

### General trends across all groups

*“I want to get medicines on time, and not have to come back tomorrow.”*

Many participants from all groups had frustrations over pharmacies running out of stock, not having enough stock to dispense their full prescriptions, or dispensing inaccurately. This was seen as inconvenient and several participants were irritated about having to make unnecessary trips.

Across all groups participants had poor experiences of having to wait for a long time to pick up prescriptions, with long queues, particularly in busier chain pharmacies. Several remarked that there was not enough seating to mitigate this. Where private consultation rooms were not being used, some participants were not comfortable talking about personal health issues in public.

There were also several instances of receiving poor personal service from pharmacy staff. Several participants mentioned experiences where staff were patronising, rude, impersonal, lacking in empathy, or judgemental. Two groups also discussed that other pharmacy staff had insufficient training to give advice, or deal with potentially vulnerable customers. There was also a perception that staffing levels were inadequate in busy pharmacies which impacted on the capacity for pharmacists to give advice and attention.

Although the electronic prescription service was not widely used a few people in different groups had problems with this, with the prescription taking a long time to prepare, not being ready when trying to pick it up, or being incorrect.

### General pharmacy users (low income and BAME) living and working in Camden

*“Products are getting more and more expensive.”*

The more negative experiences in these groups focussed more on the cost of prescriptions and other products in pharmacies, and the sense that these were increasing, rather than the quality of services themselves. One participant did comment that as a general pharmacy user they felt uncomfortable using pharmacies dispensing methadone and avoided these entirely, which potentially raises some issues around the co-location of different services in pharmacies.



### ***People with long term health conditions***

*“When they don’t know you, it’s really hard having to explain things again.”*

Two respondents in this group reflected that they now tended to use pharmacies outside of Camden as they had received a poor service and decided to relocate elsewhere.

This group agreed that unnecessary trips to pharmacies could be unsettling and stressful. Some in the group had prescriptions for three months reducing the number of visits to GPs or pharmacies, and others were interested to know how this had been arranged, as their experiences were different.

Within the context of managing different conditions, this group also found it frustrating to have to explain complicated conditions or medical exceptions over and over again, often in public. Several participants felt that staff can be patronising towards older people, and that the home delivery service needed to be offered more proactively to them, as this could be a convenient alternative for those with mobility or frailty issues.

There was also a perception that people who paid for prescriptions were served first, and a feeling that they had to wait longer because of their more complex needs. One participant highlighted that scales for weight management are often old or broken in pharmacies and had experienced the frustration of visiting several different pharmacies to try and find one that worked.

### ***People with mental health needs***

*“There is no privacy whatsoever, and everyone sees what is going on.”*

Poor personal treatment came up frequently, in this group and lacking privacy was a particularly negative experience for some, with conversations being carried out on the shop floor, medication being dispensed in plain view of the public, and discussions in the consultation room being disturbed by staff entering the room.

In common with the long term conditions group, making a trip to the pharmacy can be a considerable undertaking especially if you are not feeling well – and many had felt distressed when told that their prescription was out of stock. One service user in Kentish Town pointed out that the ‘local’ walk-in centres to get Sunday emergency medication is in Soho, which is a trip they would not be in a state to make when they run out of medication.

Several in this group had also experienced being passed between their GP and pharmacist over getting a prescription renewed, and highlighted the anxiety this could cause, particularly over weekends, where there could be gaps in services.

## Smoking cessation service users

*“I want to be treated like an adult, and I want to make this choice myself.”*

Smoking cessation service users had experiences of pharmacy sales staff not being well informed, and not being able to give advice on changing from one brand of prescription to another. One had been given a product with harmful side effects, their nicotine replacement gum contained sugar which caused him dental problems. There was no information given on sugar content and potential side effects.

One participant got monthly prescriptions but the pharmacy was also selling these over the counter and only ever had enough stock to issue a few days' worth. This meant the participant had to return frequently to pick up more. Participants also felt that services were not always as accessible as they could be – for example through having appointments in the evening.

### Key points:

#### What is working well in pharmacies in Camden:

- Convenient access to local services
- A responsive, efficient and personal service
- Trusted and knowledgeable advice from pharmacists
- Privacy for customers when this is required
- Some good examples of liaison between GPs and pharmacists

#### What is working less well in pharmacies in Camden:

- Long waiting times
- A poor personal service in some cases
- Patients having to make repeat visits due to lack of stock or inaccuracies
- Not always being offered a private space to talk
- Lower levels of trust in pharmacy staff
- Low levels of awareness of the EPR, and problems with the service where it is being used

# Barriers and gaps in using community pharmacies in Camden

Another key aim of the focus group discussions was to explore any particular barriers to using pharmacies or gaps in services – in order to understand more clearly where improvements might be made.

## Availability

*“Medication is vital for people and the last thing you need is the added worry around opening hours.”*

The issue of opening hours was raised in all the groups. Opening and closing hours were often viewed as not being early or late enough to reflect the needs of those who work. Several also had issues with closure or poor service over lunchtime, and one pharmacy in particular which shuts on Thursday afternoons. The groups also stated that there were not enough pharmacies opening on weekends.

With GP surgeries opening earlier and closing later, many participants felt that pharmacies were not adapting, as people are unable to pick up prescriptions after being at the surgery if this is outside ‘normal’ hours. Several of the groups highlighted that they did not know about any 24/7 pharmacies in Camden, and mentioned having to go into central London if they needed a pharmacy overnight.

The two general groups both talked about gaps in the distribution of pharmacies across the borough. They perceived that many pharmacies were concentrated in the Camden Town and Euston/King’s Cross areas, but that there were fewer in other areas. This finding most likely reflects the fact that many in these groups worked in Camden, rather than living in the borough so were more likely to notice and use services on major thoroughfares near to their work locations.

## Awareness of services

*“A lot of pharmacists don’t display information about their services – they need clearer signs up.”*

One major gap identified across the groups was a shortage of information and promotion of different pharmacy services available in Camden. In all the discussions it emerged that some participants were using services which others did not even know existed.

Public health and lifestyle information was very rarely discussed in the groups. A few were aware of flu jabs and diabetes screening, but there was a low level of interest in taking up these opportunities. This low level of engagement appeared to be because participants either did not know these were on offer or available in the pharmacy, or had not noticed them during regular visits to the pharmacy.

## Choosing when to go the GP

*“It’s less risk when you go to the GP to be diagnosed.”*

Many in the long term conditions and mental health needs groups had low levels of enthusiasm for using services beyond the core of prescriptions and advice. It was felt that these should be left to GPs, who have a fuller picture of an individual’s health background. For some participants with diabetes, they felt that there were already many professionals involved around a person’s care, and did not feel the need to seek out pharmacists in particular to help them manage their conditions. However, the group diverged on this point – with others feeling that they would benefit from advice on obesity and healthy living which was could help with their management of their diabetes.

Others in this group also queried whether unintended negative impacts could arise if they were to use services in pharmacies more - for example, if they had a test in a pharmacist, their health notes would not follow them to their GP. However, conversely, given people with long term conditions can be very confident in managing their own conditions, then simple tests in pharmacies were seen to be potentially beneficial and they would be confident enough to interpret and know the implications of the results.

## Accessing smoking cessation services

Some participants were inherently resistant to the idea of using the advice service in a pharmacy. They were very happy with the service they were receiving elsewhere and would not want this changed. One participant felt that pharmacies are currently too impersonal to consider using the full service there. There was scepticism that the pharmacy would offer the same quality of advice and length of conversation as the current advisors offered elsewhere.

### Key points:

- Different opening hours across Camden can be a big issue in terms of consistent access to services
- The majority of respondents are not aware of the full range of services available in pharmacies – particularly around public health and healthy lifestyles
- A strong feeling amongst those with long term conditions or mental health needs that pharmacies should focus on the core business of prescribing
- The smoking cessation service in pharmacies is not currently viewed as offering the same quality as alternatives

# Improving community pharmacies

Participants were asked for specific ideas of how to improve community pharmacies in Camden, and to think about what might encourage them to use services in pharmacies more. The ideas from the focus groups are summarised below, and again it is important to bear in mind that these perspectives are drawn from a small sample of Camden residents and workers:

## Accessibility and availability

- **Longer opening hours, more pharmacies open on weekends and 24 hour pharmacies** – it was suggested that each quadrant of the borough should have some late and early provision, and this could be mapped to ensure coverage. Participants also discussed having better information advising of opening hours, and out of hours services particularly if it is necessary to signpost customers to a nearby pharmacy.
- **Languages** – some felt that there could be more staff speaking other languages in (larger) pharmacies, particularly in areas with large ethnic communities where English is an additional language.
- **Co-location with GPs** - opening more pharmacies in the same location as GPs would make collecting prescriptions easier for many groups.
- **More seats and places to wait** – numerous participants raised this as an issue and some suggested there should be at least 3 or 4 chairs in pharmacies.
- **Wheelchair access** – several participants stated that this needs improving in a lot of smaller pharmacies, especially in light of the population ageing. Wider aisles and level access would ‘empower’ people to go to the pharmacy by themselves, particularly as it tends to be people with disabilities who need to go to pharmacies most often.

## Improved promotion of services available in pharmacies

- **Awareness raising** - given the low level of awareness of the range of services offered in pharmacies, more information and advertising on these was considered to be helpful. Specific services discussed which did generate interest amongst participants included - the minor ailments Patient Passport, electronic prescriptions, the availability of private consultation rooms, the smoking cessation service, flu jabs and the disposal of medicines.
- **Using different routes to get information out** – ideas from respondents suggested that information could be given in pharmacies with signs on doors of what services are available, or a booklet stating which services the pharmacy offers. Information could also be given by GPs or disseminated via advertising in local papers, or door to door leaflets.
- **Promote healthy living** – participants in the groups felt there could be more information and advice on healthy living and lifestyle issues, with courses potentially being offered.

## Skills and knowledge of staff

- **Improve staff training** – some of the groups discussed this as they would like to see everyone in the pharmacy receiving some medical training.
- **Adopting a drop-in model** - although many already go to their pharmacies for advice for minor symptoms and ailments it was suggested that more would do so if there were more specialists in pharmacies to give advice, for instance nurses or healthcare assistants in a drop-in model. This would improve levels of trust in the pharmacy service, as well as being more accessible than waiting for a GP appointment.

## Relations to other health services

- **Improve communication and co-operation with GPs** and other health services - so they 'work as one'. This could include better linking with other local services, by giving information on where to go. Another idea was more support from the pharmacist when referring a user to another service. For instance the pharmacist could notify the GP, perhaps electronically, when a referral is made. One group also discussed the idea of having a fast-track or prioritisation system where urgent referrals from the pharmacist get GP appointments more promptly.

## Prescribing

- **Promote the repeat and electronic prescription service, and home delivery service** - there was considerable interest in using these, but participants were not always clear about where these are available, and who is eligible for them.
- **Improve prescription notifications** - for when prescriptions are ready, for example by text alert or email, to avoid unnecessary trips to the pharmacy and help those who are forgetful.

## Suggestions from the mental health needs group

- **A basic ABC of mental health awareness training** for all staff, similar to that offered to A&E staff
- **Easier access to emergency medication** when prescriptions run out or can't be renewed on weekends, based on known dosage, to last service users until they can get a GP appointment.
- **Co-ordination for those on multiple medications** - a way to synch up different prescriptions, as at the moment service users have to go in more frequently than necessary to pick up prescriptions on different time scales.
- **A card for service users** - similar to a store card with all the information on their prescriptions which they can use to keep track of prescriptions and simplify the process.
- Greater clarity on what **users' rights** are in pharmacies.

## Suggestions from the long term conditions group

- **Medicine reviews in pharmacists should be more available** - with specific time set aside for them. Participants felt that it would be more accessible than doing this at the GP surgery.

- **Pharmacists should proactively ensure users read advice on medication packets** – this was felt to be particularly important for people taking multiple medications, or when their dosages change.
- **Providing information leaflets**, on issues such as addiction to prescription drugs and ones describing medical controversies so people can see the scientific basis for arguments for or against particular issues or medications. This was of interest to the group in the context of managing multiple conditions and wanting to be better informed.

### Suggestions from the smoking cessation group

- **Raise awareness of the service on offer** - many are still not aware that help is available and drugs and aids can be obtained on prescription. This could include more visual information in pharmacies.
- **More convenient times** for advice sessions - including evenings.
- **Consultation rooms** were felt to be necessary in any pharmacy offering the service, and the group felt that this needs to be clearly advertised.
- There should be **no waiting times** to see an advisor in a pharmacy, as in similar services elsewhere.

# Part Two:

## Health professionals' views on community pharmacies in Camden

The second section of our report presents the findings from an online survey completed by health professionals working in Camden to gather their views of pharmacy services in the borough. Responses came from pharmacists, pharmacy support staff, GP practice staff, District Nurses and other allied health professionals.

### Methodology

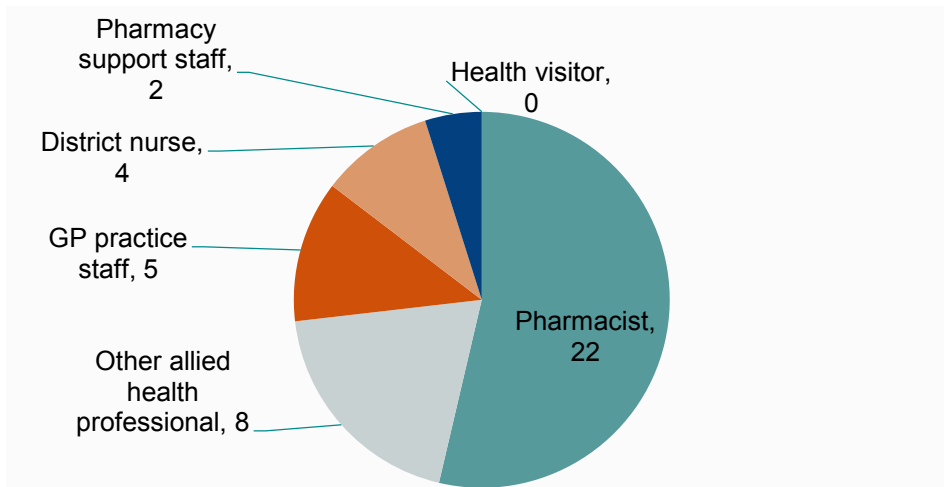
To capture the views and experiences of health professionals working in Camden we created a 10-minute online survey which was open between 11 July 2014 and 29 July 2014. This was developed with the Camden and Islington's PNA Steering Group and also piloted with the Local Pharmaceutical Committee.

Respondents were invited by email to take part in the survey and were given the option to save their progress and return to the survey at a later date. The survey link was distributed by the Camden CCG to pharmacies and GP practices, and by teams within Central and North West London NHS Foundation Trust (CNWL) to health visitors, district nurses, palliative care, and sexual health advisors. Reminder emails were also sent out near to the closing date of the survey by each of the above teams, and the LPC.

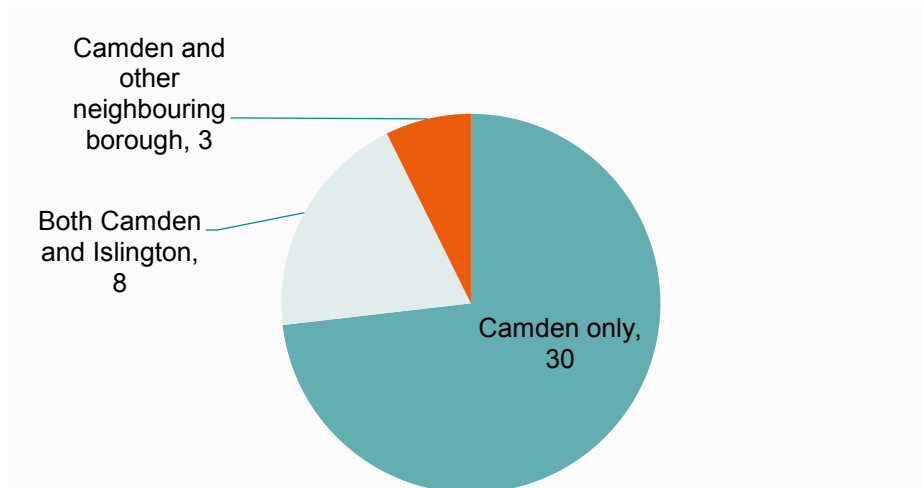
### Sample

41 health professionals working in Camden responded to the survey. As shown in Figure 2, the majority of these were pharmacists with a smaller number of all other professionals. No health visitors completed the survey. It is important to note that this is a relatively small response rate – particularly for other health professionals, and as a result reported percentages should be treated with caution. Due to computer rounding, chart totals may not be the same as the sum of components.



**Figure 2: Respondents by profession**

As shown in Figure 3, most of these professionals only cover Camden borough in their role, although a few also cover Islington or other neighbouring borough.

**Figure 3: Respondents by area covered**

In terms of which wards health professionals are based in, there was a reasonably good coverage across the wards, apart from Fortune Green which had no responding health professionals. 8 stated they were mobile across the borough. A full breakdown of the wards respondents stated they are based in can be found in Appendix D.

# Findings

## Overall views

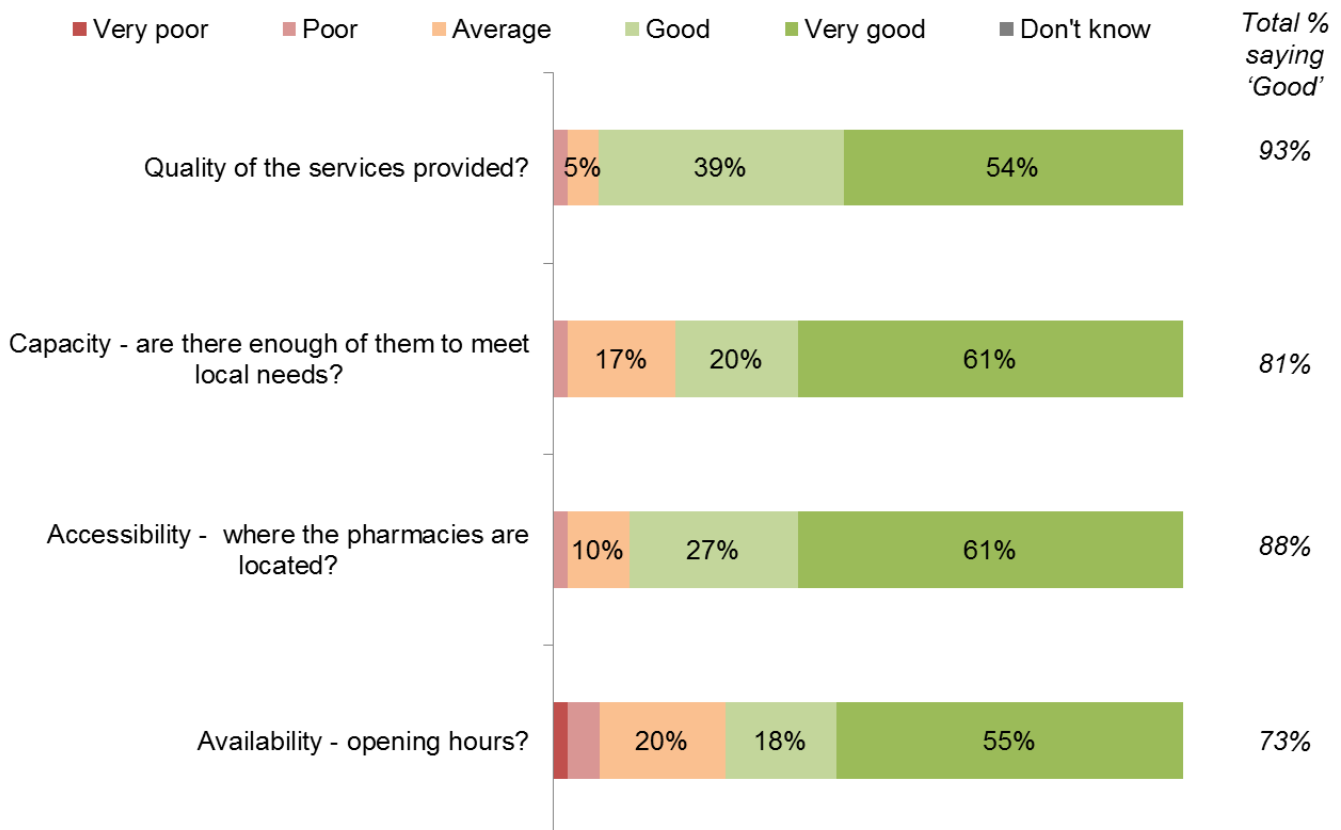
Health professionals in Camden were generally very positive about community pharmacies in the borough. With regards to overall quality of pharmacy services, nearly all respondents rated them as 'good' or 'very good' (93%). Only 5% stated services are 'average' and 2% rated them as 'poor'.

The professionals were also positive about the accessibility of pharmacies, in terms of their location, with 88% giving pharmacies a 'good' or 'very good' rating. Similarly 81% believed there are enough pharmacies to meet local needs.

Pharmacists and pharmacy staff were most positive about their services, with almost all of them rating every single dimension as 'good' or 'very good'.

Although nearly three quarters of respondents also believed the opening hours of pharmacies in Camden are 'good' or 'very good', this dimension compares less favourably to the others. 20% stated that hours are only 'average', and 8% thought they were poor.

**Figure 4: How would you currently rate the community pharmacies in the area(s) that you work, in terms of:**



Base: 41 health professionals working in Camden, 11/07/14 to 29/07/14

## Views of particular services

The 17 health professionals (GP practice staff, district nurses, other allied health professionals) who were not pharmacists and pharmacy staff were also asked to rate the quality of particular services offered by pharmacies. As shown in Table 1, a large proportion said they did not know the quality of particular services but those that did rate them were positive overall. Electronic prescriptions, deliveries, repeat dispensing and advice on prescription medications were all services rated particularly highly by those that did rate them. However, a few services that were only rated by a few professionals – alcohol screening and intervention, the anticoagulation service, and weight management – received only ‘poor’ judgements by those who rated them.

There were a small number of specific comments pointing out issues with particular services, for example smaller pharmacies not being good at home deliveries as they lack the capacity for this; high staff turnover; pharmacies lacking some drugs; and pharmacies requesting repeat prescriptions early and more frequently than required, leading to patients building up large supplies of sometimes discontinued medication.

**Table 1: Other health professionals: From your experiences of community pharmacies in the area(s) you work, how would you rate each of the following services:**

	Total number responding	Total 'good' and 'very good' (N)	Total 'average', 'poor', and 'very poor' (N)	Don't know (N)
Advice on over the counter medications	8	5	3	8
Advice on prescription-only medications	9	7	2	8
Alcohol screening and intervention	3	0	3	14
Anticoagulation service	3	0	3	14
Appliance user reviews, fitting and advice	9	3	6	7
Chlamydia screening and treatment	3	0	3	14
Diabetes screening and monitoring	3	0	3	14
Dispensing medicines one-off	7	5	2	9
Disposal of unwanted medicines	10	7	3	7
Electronic prescriptions	8	7	1	9
Emergency contraception	4	2	2	13
Influenza vaccination	7	3	4	10
Medicine reminder devices	6	4	2	11
Minor ailments scheme	3	2	1	14
Needle and syringe exchange service	3	3	0	14
NHS Health checks	5	2	3	12
Prescription delivery service	14	11	3	3
Repeat dispensing	9	7	2	8
Signposting to services by other health agencies	7	5	2	10
Smoking cessation service	4	2	2	13
Supervised consumption of medicines	5	2	3	12
Support for self-care	6	3	3	11
Weight management	2	0	2	15

Pharmacists and staff were asked how often the same set of services was used in their pharmacies in the last 3 months. As shown in Table 2 below, the most frequently used services were:

- advice on prescription-only medicines;
- dispensing medicines one-off
- repeat dispensing;
- electronic prescriptions; and
- advice on over the counter medications

Needle and syringe exchange services were the most rarely used, together with NHS health checks which are not offered by most pharmacies.

**Table 2: Pharmacists and pharmacy staff: Thinking about the past three months, how often were the following services used in your pharmacy?**

	Daily (N)	Several times a week (N)	Less frequently (N)	Never (N)	Not provided in my pharmacy (N)	Don't know (N)
Advice on over the counter medications	23	1	0	0	0	0
Advice on prescription-only medications	24	0	0	0	0	0
Alcohol screening and intervention	0	2	1	0	17	0
Anticoagulation service	0	0	1	1	19	0
Appliance user reviews, fitting and advice	6	2	2	2	8	1
Chlamydia screening and treatment	0	1	1	1	18	0
Diabetes screening and monitoring	0	1	2	1	17	0
Dispensing medicines one-off	23	1	0	0	0	0
Disposal of unwanted medicines	17	3	4	0	0	0
Electronic prescriptions	23	0	1	0	0	0
Emergency contraception	13	3	4	0	3	1
Influenza vaccination	11	2	4	1	3	2
Medicine reminder devices	14	3	4	0	2	1
Minor ailments scheme	15	5	3	0	1	0
Needle and syringe exchange service	4	0	2	1	15	0
NHS Health checks	0	2	4	0	15	1
Prescription delivery service	19	2	1	1	1	0
Repeat dispensing	22	0	2	0	0	0
Signposting to services by other health agencies	17	6	0	0	0	1
Smoking cessation service	10	5	6	1	1	0
Supervised consumption of medicines	14	1	1	1	7	0
Support for self-care	17	3	3	0	0	0
Weight management	0	0	6	1	13	1

Comments on these services most frequently pointed out that pharmacies also offer private services (for example, influenza vaccinations, travel advice and health, lifestyle medication) and that there was appetite to provide more of these if they were commissioned.

Other comments on these services, across all health professionals, focused on:

- the need for greater awareness of services available, such as delivery, health checks, alcohol screening;
- better access to emergency end of life medication;
- the need to spread services more evenly across the borough; and
- particular services that could or should be provided.

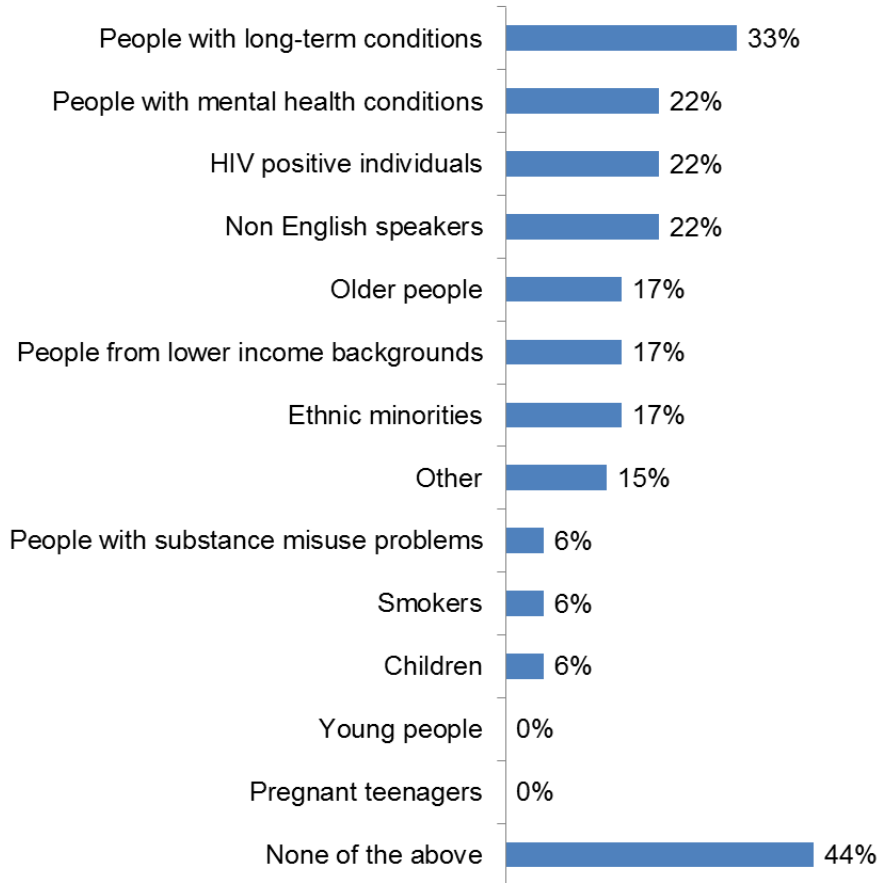
## Groups and trends

As illustrated in Figure 5 below, when asked whether any particular groups' needs are not being adequately met by pharmacies in Camden, 44% of health professionals stated that there were no particular groups being overlooked – indicating that they believe services are being delivered well for everyone in the borough. However, other respondents disagreed, and listed particular groups that were not being provided for well enough. The most common group were people with long-term conditions, with a third (33%) of respondents stating that provision for these could be better; just over one in five (22%) believed that people with mental health conditions, HIV positive individuals and non-English speakers were also not having their pharmaceutical needs adequately met.

Commenting on these gaps, a few health professionals mentioned particular unmet needs of groups in the community, including:

- deliveries for housebound individuals;
- out of hours access to medication;
- provision for those with stigmatising conditions or mobility issues;
- unclear signposting for mental health support needs; and
- the need to consider services for non-residential populations (those that work, and mobile students).

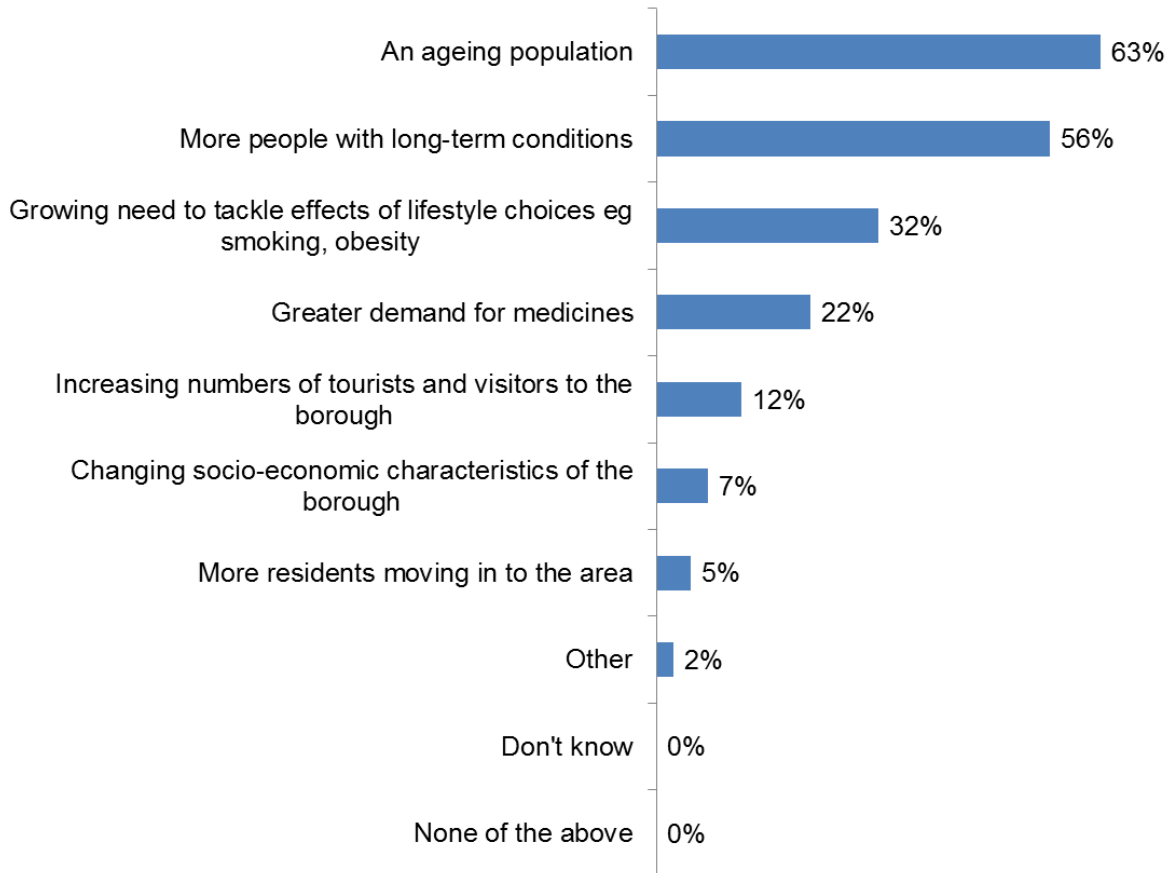
**Figure 5: Are you aware of any groups in the area(s) you work in that have specific needs which are currently not being adequately met by community pharmacies? Please select any that apply from the list below:**



Base: 41 health professionals working in Camden, 11/07/14 to 29/07/14

As outlined in Figure 6, looking at trends over the medium term, the two trends health professionals think will have the greatest impact on local needs for pharmacy services are an ageing population (63%) and more people with long-term conditions (56%).

**Figure 6: Looking ahead over the next 10 years, which trends do you think will have the most impact on local needs for community pharmacy services? Please choose up to 2:**



Base: 41 health professionals working in Camden, 11/07/14 to 29/07/14

## Areas for improvement

As figure 7 shows, when asked about specific areas for improvement in Camden pharmacies, the biggest issue for the responding sample overall was the '*Ability of pharmacists to share information with other health professionals*', with 63% stating this to be a problem.

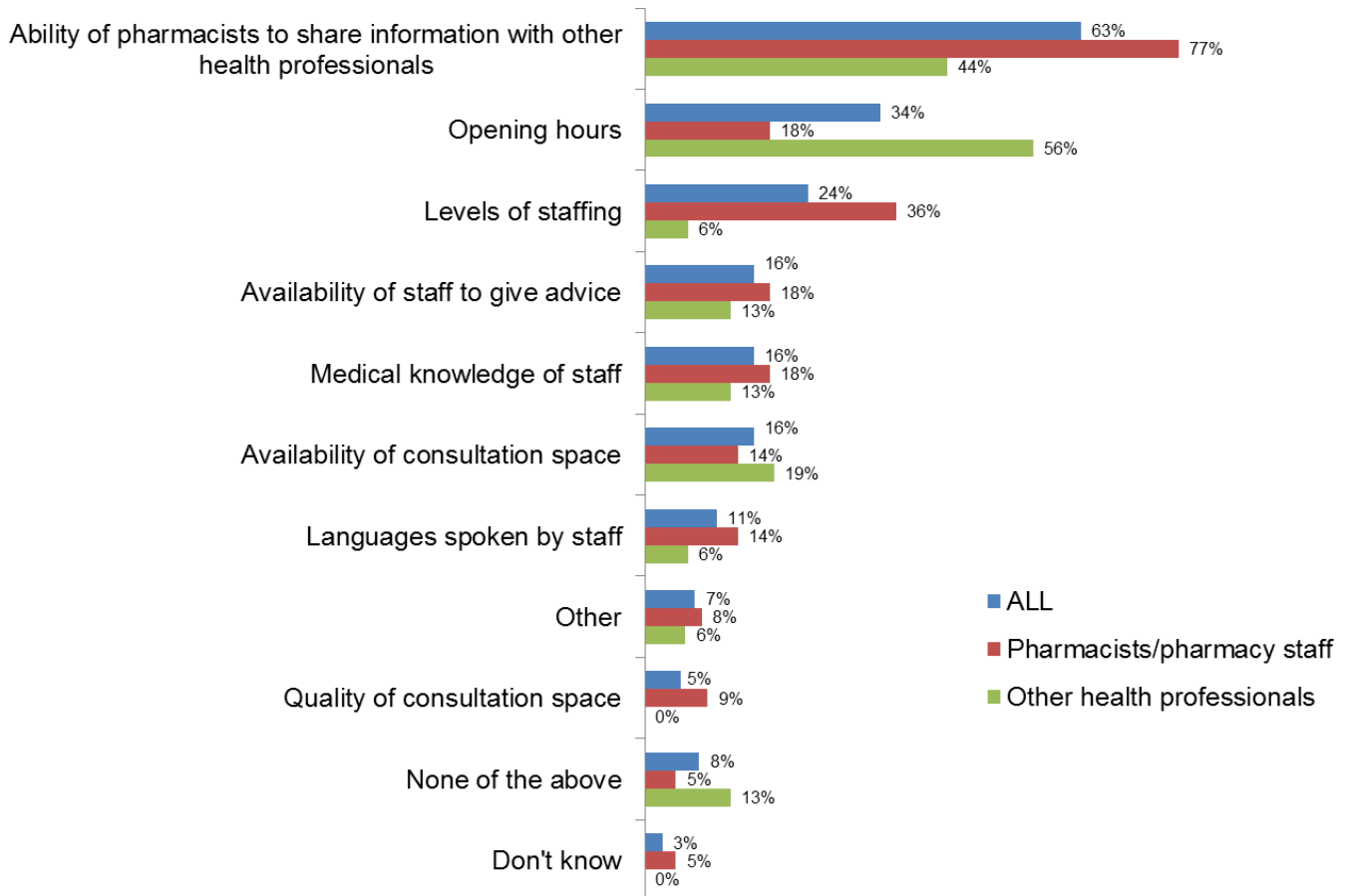
Broken down further, 77% of pharmacists and pharmacy staff were of this opinion, with fewer other health professionals (44%) identifying this as an area to be improved. The latter were most likely to identify opening hours (56%) as the main area for improvement; one in five (18%) respondents from pharmacies also stated this. Staffing levels were another area commonly identified as needing improvement.

Respondents also indicated other ideas for improvement in the open response to this question, including:

- better funding;
- better training opportunities for staff;
- more electronic means;

- more information on out of hours opening and stocking; and
- closer working with other health services.

**Figure 7: Are there any aspects of the overall service delivered by community pharmacies in the area(s) you work in which you feel could be improved?**



Base: 41 health professionals working in Camden (24 pharmacists or pharmacy staff, 17 other health professionals) 11/07/14 to 29/07/14

Pharmacists and pharmacy staff were also asked if there were particular services they would like to provide in the future. A range of services were mentioned by 12 respondents from this group, with common options being:

- anticoagulation services;
- health checks; and
- vaccinations.

It was also suggested that there should be more pan-London services and coordination. Some mentioned the need for further training to offer these.

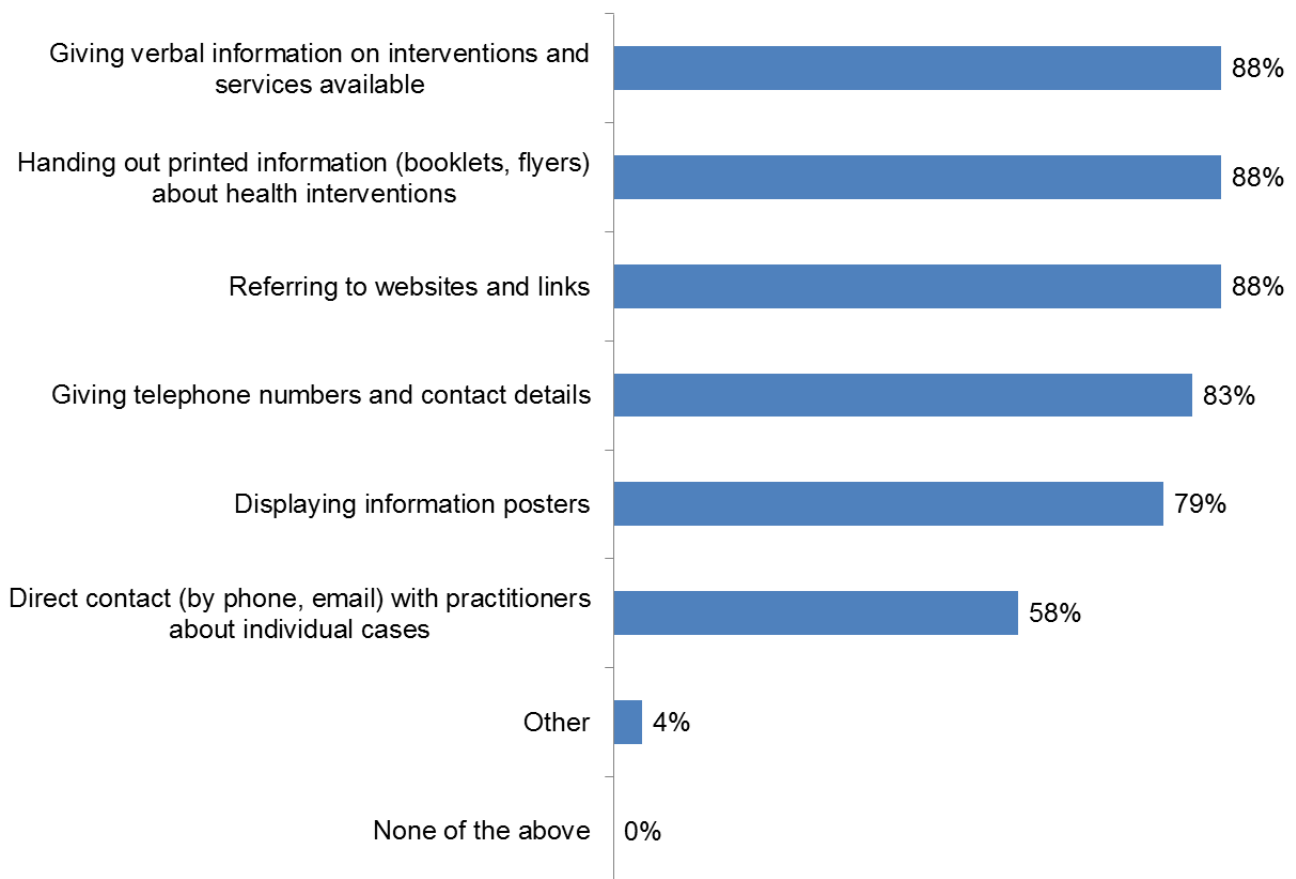


## Signposting to relevant health interventions

Most (N=12) health professionals who responded did not feel able to judge how effective pharmacies in Camden currently were at signposting the public to other health services. Of those that did, two stated that the signposting was 'very effective', with the same number stating it was 'quite effective'; although one disagreed, believing it to be 'not at all effective'.

As illustrated in Figure 8 below, most pharmacists and pharmacy staff indicated that they use a large number of means to signpost the public to other health services. Direct contact with practitioners about individual cases was the least widely used, but still very common, with 58% stating they use this. All the other means asked about were commonly used in the pharmacies who responded.

**Figure 8: How do you currently signpost the public to relevant interventions by other health services?**



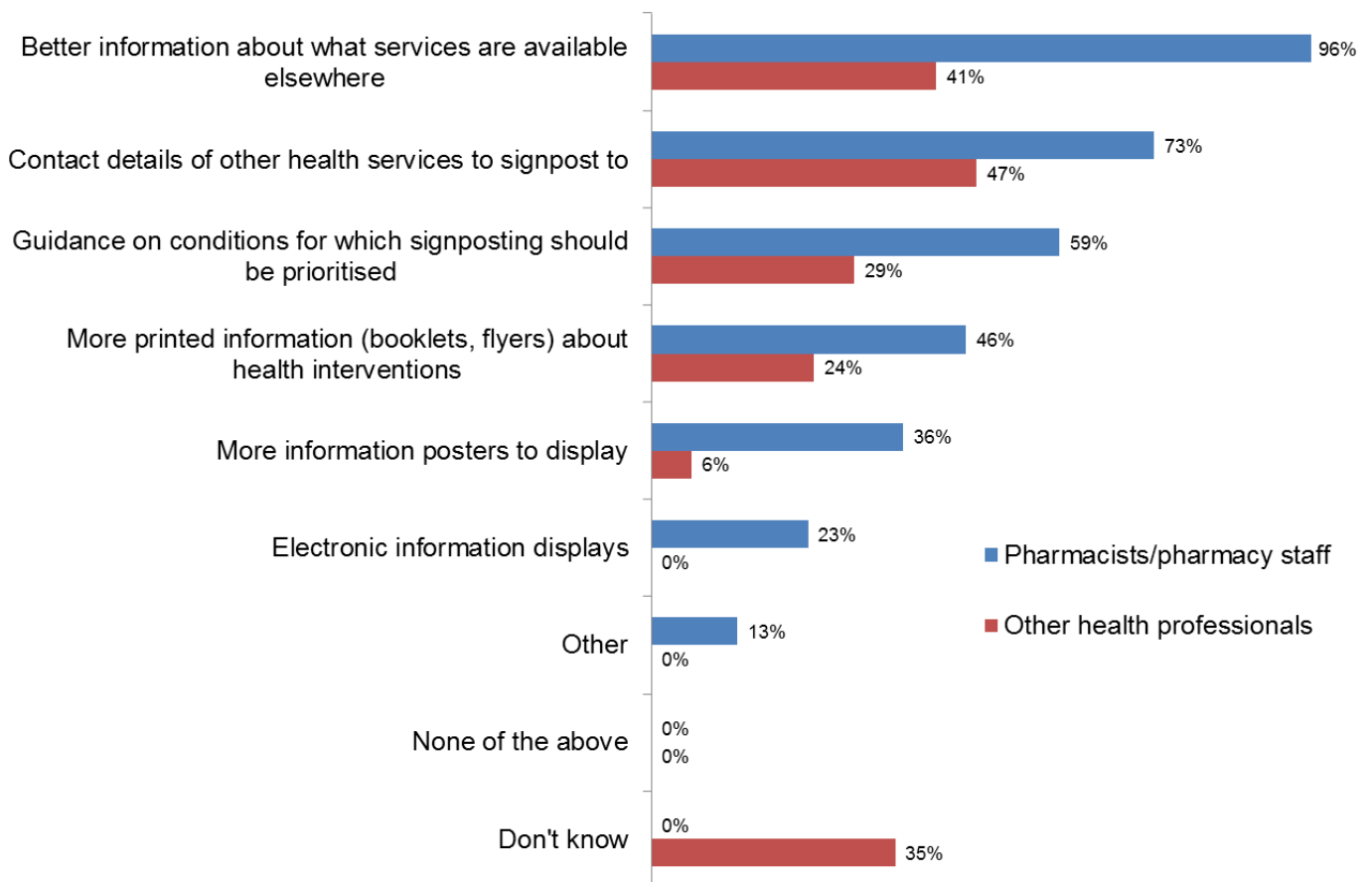
Base: 24 pharmacists and pharmacy staff working in Camden, 11/07/14 to 29/07/14

In order to improve signposting, most Camden pharmacists and pharmacy staff who responded to the survey chose a wide range of means, more than their colleagues from other health professions. As outlined in Figure 9, almost all pharmacists and pharmacy staff (96%) indicated they would like better information about services available elsewhere. 41% of other health professionals also thought this would be useful. Other health professionals also believed that giving pharmacies contact details of other health services to signpost to would be helpful, with 47% indicating this; nearly three quarters (73%) of

pharmacists and pharmacy staff agreed. One pharmacist commented that these contact details should be updated regularly.

However over a third (35%) of other health professionals stated they do not know what would help improve signposting, reflecting the previous finding that many health professionals do not know how effective pharmacies' signposting is in the first place.

**Figure 9: What, if anything, would help you/would help pharmacists improve signposting the public to relevant interventions by other health services?**



Base: 41 health professionals working in Camden (24 pharmacists or pharmacy staff, 17 other health professionals) 11/07/14 to 29/07/14

## Challenges in referrals

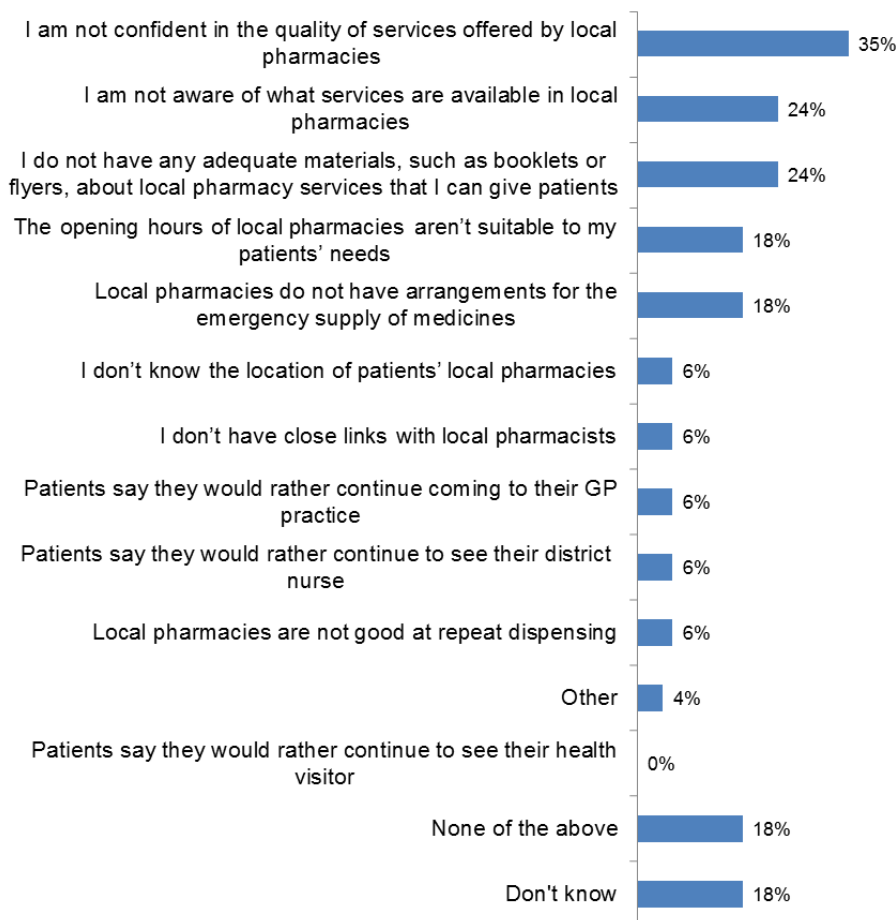
As demonstrated in Figure 10, non-pharmacy health professionals in Camden did not see many challenges or barriers in referring patients to services offered by pharmacies.

The main barrier selected in the survey was lacking confidence in the quality of services offered by pharmacies, chosen by 35% of other health professionals. This contradicts the earlier finding that a majority of other health professionals found pharmacies in Camden to offer a good quality service overall. One reason for this discrepancy may be that respondents had particular services in mind when answering this question.

The other top barriers were: not being aware of what services are available in pharmacies in Camden (24%); and not having adequate printed materials about pharmacy services to give to patients (24%).

Very few respondents suggested ideas for how to overcome any of these challenges, but the two that did both mentioned better information for patients and health professionals about what pharmacy services are available.

**Figure 10: Other health professionals: Are there any challenges or barriers you currently face in referring patients to services offered by community pharmacies?**



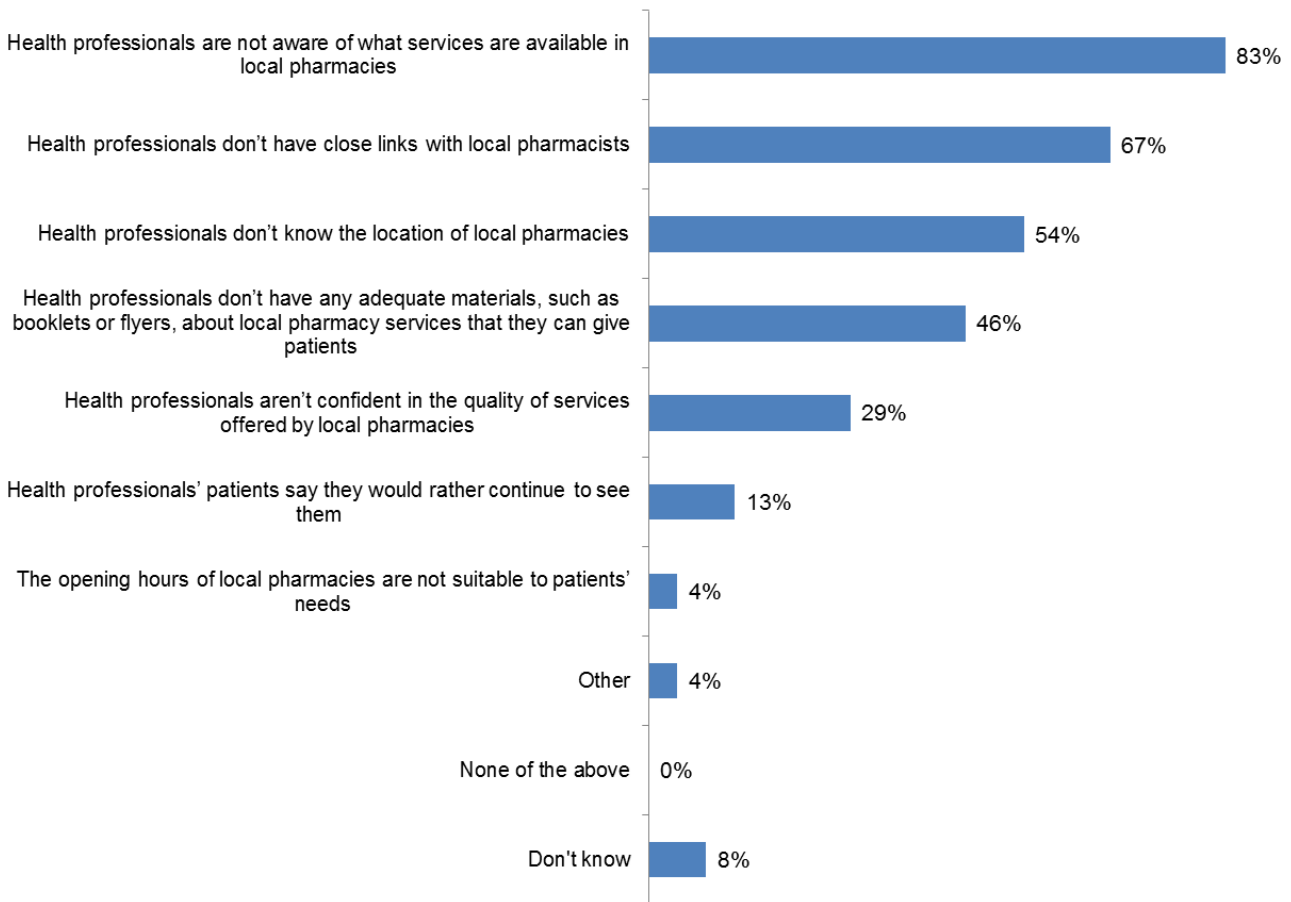
Base: 17 health professionals working in Camden (non-pharmacy), 11/07/14 to 29/07/14

Pharmacists and pharmacy staff showed themselves to be much more aware of challenges and barriers other health professionals face in referring patients to services offered by pharmacies in Camden, choosing a far greater number of options. As illustrated in Figure 11, a vast majority (83%) stated that health professionals not being aware of what services are available in pharmacies was a barrier. Poor links between other health professionals and pharmacists was seen to be another key challenge, identified by two thirds (67%) of respondents.

There were a few more suggestions from this group with regards to how to overcome these challenges. Suggestions were:

- that the CCG should be more active in fostering cooperation and promoting pharmacies;
- more meetings between pharmacists and other health professionals;
- a better referral culture; and
- more information about the value of pharmacy support.

**Figure 11: Pharmacists and pharmacy staff: Are there any challenges or barriers you believe other health professionals (such as GPs, District Nurses, health visitors) currently face in referring patients to services you or other local pharmacies offer?**



Base: 24 pharmacists and pharmacy staff working in Camden, 11/07/14 to 29/07/14

## Other comments

Respondents were asked if they had further comments on services provided, how well the local population is being served, ideas on how to improve services, and the interaction between pharmacies and other health agencies in Camden. Fourteen respondents gave further comments, which revolved around a few key areas:

- More information needed for the public as well as health professionals about what services pharmacies offer. Awareness of services is still poor.

- Pharmacies are a good resource but are not currently being made full advantage of. For example, there is potential for pharmacies to do more to support patients being discharged from hospitals, or to offer home visits to housebound patients to assist with medications management. One respondent cited the 2013/2104 London flu service as an example of an effective contribution made by pharmacies.
- There needs to be more joined-up working and commissioning across individual pharmacies in the borough, across London, as well as between pharmacies and other health services.
- More consideration has to be given to the needs of workers and other non-resident populations.

# Conclusions and recommendations

It is clear from both the focus groups and the survey with pharmacists and other health professionals that pharmacies in Camden are generally viewed positively. However, in both strands of the research, it was possible to identify several areas for improvement that could be addressed through the wider PNA process in the borough.

In the focus groups we discussed the priorities of particular groups when using pharmacies, and this allowed us to identify what was most important or valued amongst certain population groups. Table 3 provides an overview of the factors that participants identified as being relevant and important to them. This helps to improve understandings of the way different users interact with pharmacy services in Camden.

**Table 3: Summary of key priorities for pharmacy services for each user group in Camden**

Population group	Summary of key priorities
<b>General pharmacy users (low income and BAME)</b>	<p>Low level of dependency on specific services, but identified:</p> <ul style="list-style-type: none"> <li>— Convenience and speed of access, particularly not needing an appointment</li> <li>— Opening hours longer at either end of the day for those who work</li> <li>— Instant advice on symptoms/minor ailments</li> </ul>
<b>People with mental health needs</b>	<p>High dependency on pharmacy services.</p> <ul style="list-style-type: none"> <li>— Being treated with dignity, respect, consideration</li> <li>— Proactive and comprehensive advice</li> <li>— Awareness of mental health problems – require care and attention in interactions</li> <li>— Avoiding unnecessary trips to the pharmacy</li> <li>— Privacy and discretion</li> <li>— Good relationships between pharmacist and other health services, avoiding the service user</li> </ul>
<b>People with long term conditions</b>	<p>High dependency due to frequency of pharmacy visits and complexities managing multiple conditions:</p>

	<ul style="list-style-type: none"> <li>— Trusting advice about medication</li> <li>— Accurate prescriptions</li> <li>— Avoiding long waiting times</li> <li>— Home service and electronic prescription service potentially very valuable for older people</li> <li>— Personalised service</li> <li>— Cooperation with GPs to avoid gaps</li> </ul>
<b>Smoking cessation service users</b>	<p>Key aspects relate to a specific service:</p> <ul style="list-style-type: none"> <li>— Professional, non judgmental, knowledgeable advisers</li> <li>— Information and choice on health, ways to quit, trying out different aids</li> <li>— Appointments in the evening for those who work</li> </ul>

There are many aspects of pharmacies and their services that are viewed as working well by both the general public, and health professionals, and to an extent many of the priorities for pharmacy services in Table 3 are already being met, or partially met. The core services of dispensing medications, giving advice on over the counter medication and minor ailments or symptoms and providing these in many locations across the borough that are near to people's homes and workplaces can all be judged as a success. It was also apparent that many people trusted the knowledge and advice from pharmacies and particularly valued their accessibility in comparison to the difficulty many could experience in getting an appointment at their GP.

Inevitably, many of the discussion in the focus groups focussed on issues to do with frustrations caused by repeat visits when prescriptions were not available. There were also real concerns around the errors that could be made by either GPs or pharmacists, and participants also reacted against being prescribed unfamiliar cheaper alternatives. These issues are beyond the scope of the PNA, but it is important to note them – and for the PNA Steering Group to consider what steps can be taken to build on the high level of trust that residents in Camden have in pharmacies in the future.

**Recommendation:** *One of the suggestions from a pharmacist responding to the survey was that there could be more meetings between pharmacists and other health professionals – and this could be a forum to address some of the issues around prescribing that so many in our groups had clearly experienced.*

We found that some respondents in the groups were using the repeat prescription service, electronic prescription service and home delivery options – most commonly in the groups for people with mental health needs and long term conditions. However, it was also apparent that these were not always working efficiently in all cases and that there was generally a low level of awareness that these were on

offer. The survey responses indicated that the electronic prescription service was a frequently used service in pharmacies in Camden, which is at odds with the findings from our groups.

**Recommendation:** *Every pharmacy should make it clear which options are available for collecting prescriptions, particularly targeting those managing multiple conditions so they are fully aware of the range of ways that they can arrange to receive reminders about or pick up their prescriptions.*

In terms of the distribution of pharmacies in Camden, there were no identified areas where services were found to be lacking. However, both the focus groups and the survey highlighted opening hours as an issue. The different patterns of opening across Camden can be an obstacle for many members of the public in terms of consistent access to pharmacy services. Participants were also not aware of any out of hours services. Weekend closures are a big issue for those taking multiple medications, and there should be clearer signposting about availability during these times.

**Recommendation:** *One suggestion from a focus group participant was that the borough should be divided into four, with early and late night openings, and out of hours services mapped to ensure that there is equitable coverage. Clearer information should be provided in pharmacies of out of hours services so pharmacy users know where to go.*

In the focus groups, participants were not always aware of the range of services that are on offer in pharmacies in Camden. This came through in the survey responses too, alongside ensuring that more specialist services are more evenly spread across the borough. We found that not many people were accessing pharmacies for healthy lifestyle advice, health checks or testing, and whilst many of those with long term conditions or mental health needs felt that pharmacies should focus on their core business, there was also appetite for more information on additional services.

**Recommendation:** *Advertising in pharmacies about the range of services on offer could be improved, but also using different routes to disseminate this – via booklets, local advertising in papers, or door to door leaflets. The availability of different languages spoken in pharmacies should also be promoted more clearly.*

Pharmacists and health professionals identified that an increasingly ageing population and people with long term conditions are likely to have the biggest impact on pharmacy services over the next decade. The findings from the focus groups also indicated that some of the services which were considered vital by these types of users are not currently developed enough – for example around those patients that are housebound or have mobility issues.

**Recommendation:** *Pharmacies should ensure that they have seating and wheelchair access for those who are able to visit in person, and better promotion of the home delivery service for those who are not. This should be mapped across Camden to identify which premises are not currently accessible.*

Specific ideas for improvements came out of both the mental health needs and long term conditions focus groups. These are summarised on pages 21-22, and cover issues from mental health awareness training for staff, easier access to emergency medication to promoting medicine reviews.



**Recommendation:** *The Steering Group should consider meeting with representative groups in the borough to discuss how to take these forward as the PNA develops and to ensure that when the document is being consulted on these groups can continue to have their say on the shape of future pharmacy services in the borough.*

The links between pharmacies and other health services was another key theme in both the focus groups and the survey. Participants in the mental health needs and long term conditions group found poor communication between their GP and pharmacist could often make managing multiple conditions even more stressful. They wanted health services to work 'as one' to improve referrals, and for there to be clear communications between their GPs and pharmacists over their health needs.

Health professionals and pharmacists both felt that information sharing and signposting could be improved. Pharmacists said they required more information about health services elsewhere, and other health professionals reported that they wanted more information in order to signpost to pharmacies and improve their confidence in the services available there. Health professionals were not always aware of services on offer nor had materials to give patients about these. It was identified that there should be a better referral culture, to help improve the confidence of all health professionals in pharmacies.

**Recommendation:** *Issues around information sharing, signposting and referral need further interrogation to identify in local areas exactly where the perceived gaps are between these different services. On a wider level, one suggestion was that the CCG could help to foster this cooperation, and that joined up working and commissioning across pharmacies and other health service in Camden could be improved.*

Further consideration should be given to staff training as this emerged in both the focus groups and the survey, and it has the potential to enable pharmacies to offer a service that is even more aware of different needs and able to improve the ability of pharmacies to manage customers during busy periods.

In summary, there were many encouraging responses about pharmacies in Camden, particularly around their convenience, responsiveness and ability to offer a personalised service. Those with high dependency on services who are regular pharmacy users are keen to see some improvements, but had pragmatic suggestions in many cases of how this might be achieved.

# Appendices:

## Appendix A: Acknowledgements

We would like to thank the following organisations for their help in recruiting, organising and hosting the focus groups for the research:

- Body & Soul
- British Lung Foundation - Breathe Easy group Camden
- Camden CCG
- Camden Council
- Diabetes UK
- Diabetic Voices
- Healthwatch Camden
- Heart2heart BHF Cardiac Support Exercise Group
- Mind in Camden
- One Housing Group
- Smokefreelife Camden
- Somers Town Community Association
- St Mungo's Broadway
- Stroke UK
- UCH Macmillan Cancer Centre
- VoiceAbility Camden
- Voluntary Action Camden
- West Euston Partnership
- West Hampstead Women's Centre

## Appendix B: Profile of focus group participants

Group	Number of participants
Mental health support needs	10
Long-term conditions	10
BAME	12
Used smoking cessation service	4
Lower income	10
<b>TOTAL</b>	<b>46</b>

Variable	Number of participants
<b>Gender</b>	
Male	20
Female	26
<b>Age</b>	
18-39	19
40+	19
65+	8
<b>Ethnicity</b>	
White British	22
White Other	2
Black or Black British	9
Asian or Asian British	7
Chinese	3
Mixed	3

## Appendix C: Discussion guides

For long-term conditions, lower income, BAME and mental health groups:

TIME	DISCUSSION
10 minutes	<p><b>Welcome</b> – aims of the group, practicalities, ground rules</p> <p><b>Introductions and icebreaker</b></p>
10 minutes	<p><b>Opening discussion: establishing pharmacy usage</b></p> <ul style="list-style-type: none"> <li>- Identify where they use pharmacies on the map</li> <li>- What do you mainly use pharmacies for? Identifying list of specific services and capture on flipchart</li> <li>- What makes you choose one pharmacy over another?</li> </ul>
20 minutes	<p><b>Current experiences of pharmacies and their services:</b></p> <ul style="list-style-type: none"> <li>- Positives and negatives about recent experiences of using pharmacies</li> <li>- Identifying which services work well and which don't work so well for each that the group currently uses</li> </ul>
20 minutes	<p><b>Improving community pharmacies:</b></p> <ul style="list-style-type: none"> <li>- Views on availability, accessibility, opening hours</li> <li>- Identifying what is most important for this particular group in terms of their particular health needs</li> <li>- Establish main barriers to using pharmacies</li> <li>- What would encourage greater pharmacy usage?</li> <li>- Services that they currently use elsewhere but would use in a pharmacy if they were to be offered.</li> </ul>
15 minutes	<p><b>Signposting and referral:</b></p> <ul style="list-style-type: none"> <li>- Experiences of being referred by a pharmacist to another health service</li> <li>- Experiences of other health professional referring them to pharmacies.</li> <li>- How this could be improved in the future.</li> </ul>

10 minutes	<b>Final reflections and comments</b>  <b>Next steps</b>
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## For the smoking cessation service focus group:

TIME	DISCUSSION
10 minutes	<b>Welcome</b> – aims of the group, practicalities, ground rules  <b>Introductions and icebreaker</b>
10 minutes	<b>Opening discussion: routes into the service</b> <ul style="list-style-type: none"> <li>- Identify where they use pharmacies on the map</li> <li>- What made you decide to use a stop smoking service?</li> <li>- Were you referred to it by another (health) professional? If so, what was your experience of this referral?</li> </ul>
20 minutes	<b>Nature of the service</b> <ul style="list-style-type: none"> <li>- What was involved</li> </ul>
20 minutes	<b>Experience of using the service: What worked well, not so well?</b> <ul style="list-style-type: none"> <li>- Views on particular elements of the service received</li> <li>- Explore commonalities, trends across the group</li> <li>- What was it that made those experiences particularly positive or negative</li> </ul>
25 minutes	<b>Improving services</b> <ul style="list-style-type: none"> <li>- Suggestions for how the service could be improved</li> <li>- What needs to change to make this happen</li> <li>- General comments on the pharmacy (location, opening hours)</li> </ul>

10 minutes	<b>Links with other health services</b> <ul style="list-style-type: none"><li>- Suggestions for how the service could be improved</li><li>- Effectiveness of communication between pharmacy and other health services</li></ul>
5 minutes	<b>Final reflections and comments</b>  <b>Next steps</b>

## Appendix D: Ward breakdown of survey respondents

Which ward in Camden are you based in?	Number of respondents
All of them - I work across the whole borough	8
Holborn and Covent Garden	8
St Pancras and Somers Town	8
Camden Town with Primrose Hill	7
Kentish Town	7
Regent's Park	7
Hampstead Town	6
Bloomsbury	5
Gospel Oak	5
King's Cross	5
Swiss Cottage	5
Belsize	4
Frognal and Fitzjohns	4
Haverstock	4
Highgate	4
Wards in neighbouring boroughs	2
Cantelowes	1
Kilburn	1
West Hampstead	1
Fortune Green	0
Don't know	1

## Appendix E: Map of focus group participant pharmacy use

Green + signs represent locations of pharmacies in Camden

Red X signs indicate where participants state they use pharmacies – they were only asked to indicate which roads the pharmacies were on rather than specific named ones, which is why the red signs are not plotted exactly over the green ones.

