

# Islington 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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# 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 4 focus groups in Islington representing different groups within the local population of pharmacy users – residents with long term conditions; residents with mental health support needs; those living or working in Islington from lower income backgrounds; and those living and working in Islington 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 Islington residents, pharmacists and health professionals, the results provide an insight into what is currently working well and not so well in pharmacies in Islington; 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 Islington were generally viewed positively by focus group participants and survey respondents, particularly around their convenience in terms of location and access, responsiveness and ability to offer a personalised service to those managing multiple conditions. Participants in our focus groups with long term conditions and mental health needs had a high dependency on services as they were regular pharmacy users. These groups in particular were keen to see improvements, and 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 Islington:

**Opening hours of pharmacies in Islington** The opening hours of pharmacies need to be mapped to ensure that there is equitable coverage of early and late provision across the borough. Clearer information could to be provided in pharmacies of out of hours services so pharmacy users know where to go. There

was also a suggestion that a 7 Day pharmacy and at least one 24 hour pharmacy were needed in Islington to avoid residents having to travel outside of the borough.

**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 also could be promoted more clearly.

**Accessibility:** Pharmacies should ensure that they have seating, wide aisles where possible and wheelchair access. This could be mapped across Islington to identify which premises are not currently accessible. Alongside the home delivery service should be promoted for those who are not able to visit a pharmacy in person.

**Links with between pharmacies and other services:** Pharmacists said they needed 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. It was also apparent that some would benefit between better face to face collaboration between pharmacists and other health services, and consideration should be given as to the most appropriate forum in Islington to bring these together.

**Training:** To consider how to improve the training and skills of pharmacy and pharmacist staff – one suggestion was that joint training for GP and pharmacy staff could help – and would make each more aware of the services they provide.

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

This first part of this report presents the findings from OPM's focus groups with members of the public using pharmacies in Islington between 17<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 Islington, so the five groups chosen were:

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

OPM then convened five focus groups for each of these population groups of pharmacy service users in Islington. 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 of participants ranged between 21 and 77. 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 Islington. 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.

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. Both of these groups took place in Islington 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.

The main recruitment challenge we encountered was for intended group with users of smoking cessation services in pharmacies in Islington. Invitations were distributed by a partner organisation and through pharmacists, however this did not yield any participants for the focus group. An invitation to take part in a telephone survey on the topic instead was then disseminated, but this too did not garner any interest so in the end this element of the research had to be abandoned.

Another 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, making it clear that we were looking for a good mix of people to attend. Inevitably, we were reliant on who was willing to participate, and the group included people with a variety of conditions, including stroke, high blood pressure, arthritis, chronic liver disease, and COPD. We had low numbers of younger recruits for the group on long-term conditions, which was to be expected as these are most common in older people. For the group of lower income pharmacy users living and working in the borough we also saw many participants drop out on the day.

## Fieldwork

A detailed discussion guide for the focus group was developed with input from Camden and Islington's PNA Steering Group. This guide 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 Islington 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

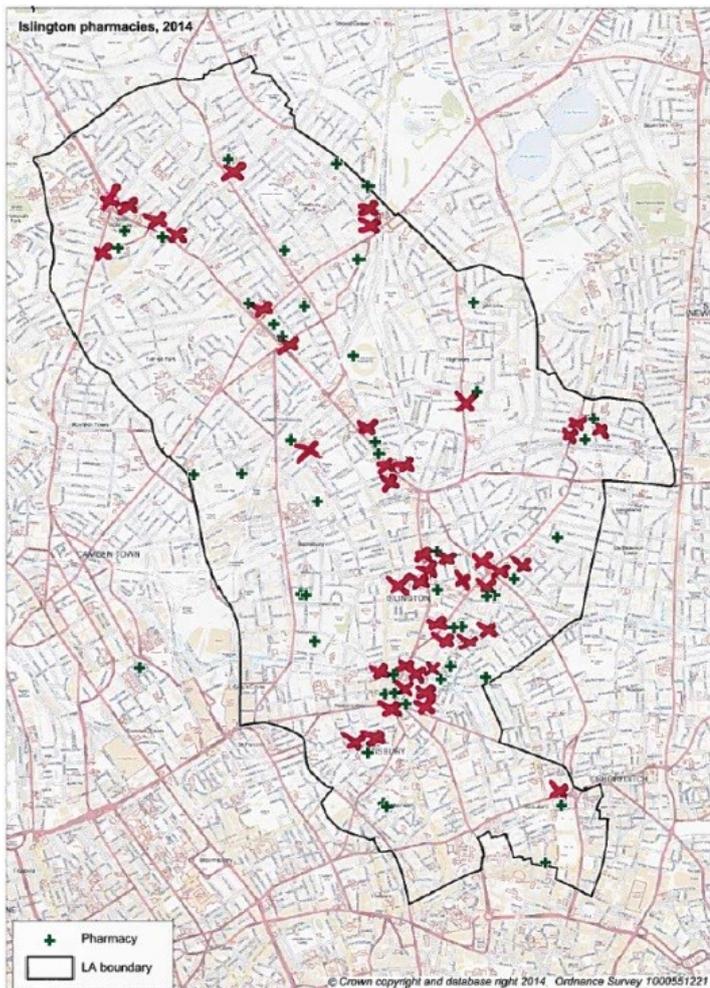
## Current pharmacy usage

### *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 of Islington in Figure 1 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 use was concentrated around a few areas in the borough, particularly in the Angel/Upper Street/Essex Road areas, and around Archway. Pharmacy visits were more sparsely spread across the rest of the borough.

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



## *Factors influencing choice of pharmacy*

Convenience of location was the key factor for many focus group respondents in their choice of using one pharmacy over the other. The location of a pharmacy near to participants' homes, their workplaces, their GP surgeries or other routes as part of their daily routine was often the main reason they would choose a particular pharmacy. Having convenient opening hours was another factor.

However the quality of service was also an important deciding factor for several participants from across the groups. A number of pharmacy users praised the personal relationship they have with staff in particular pharmacies, with some having gone to the same pharmacy for years. This engendered strong feelings of loyalty, or a sense that they were receiving a service that goes above and beyond that in others. They were also influenced by positive previous experiences such as not having to queue to pick up prescriptions, or knowing that prescriptions were likely to be in stock.

The availability of certain pharmacy services also influenced choice. This varied between individuals but services mentioned were being able to give advice in a particular foreign language (Hindi); accepting the minor ailments form; offering home delivery; pharmacies which collect prescriptions and organise repeat prescriptions; and more generally, those with a range of services.

## *Frequency of pharmacy visits*

The frequency of pharmacy visits varied between participants, ranging from daily or every two days, to weekly, monthly, or less frequently. There were some differences between the different groups too. Amongst those from the general groups of people living and working in Islington, once a month was the most common use pattern. This contrasts with the pharmacy users we spoke to in the groups for mental health support needs and long-term conditions, where the level of usage was much higher, with several going in daily and more visiting pharmacies at least weekly.

## *Commonly used services*

Participants mentioned a wide range of services they used in their local pharmacies, but the most common were:

- **Prescriptions:** All groups agreed that this was this was the 'core' service in a pharmacy and the main reason to go in. Repeat prescriptions, the electronic prescription service, and home delivery options were also used by participants. Some received text notifications or other reminders when prescriptions were ready or due for renewal. Picking up medication in emergencies when prescriptions had run out was a service mentioned by a few users in the long-term conditions group.
- **Over the counter products:** This was another category of commonly mentioned pharmacy services, including over the counter medication, toiletries, and passport photographs.
- **Advice:** The last main category of commonly used services was around medical advice, both for over the counter medication and prescription; as well as advice on symptoms and referral to the GP if necessary. Some use the private consultation room for these conversations.

- **Minor ailment service:** This was mentioned by some participants in each of the focus groups.

### *Other services used by participants*

In addition to the services mentioned above that were used commonly across all groups, individual participants also mentioned particular services they used in pharmacies in Islington. These included smoking cessation services; influenza vaccinations; tests for blood pressure, cholesterol and diabetes; advice on healthy living; emergency contraception; NHS health checks; weight checks; buying glasses; the patient passport for minor ailments, and the disposal of medicines.

#### **Key points:**

- **Main influences:** convenience; proximity to home or work; opening hours; quality of customer service; accessibility; particular services being on offer
- **Frequency:** more regular for those with mental health needs or long term conditions
- **Most used services:** Collecting prescriptions in person; over the counter medication; advice on medication and minor ailments. Repeat prescription service, electronic 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 Islington – positive experiences amongst different groups of pharmacy users
- What is currently working less well in community pharmacies in Islington - negative experiences amongst different groups of pharmacy users

Participants in the Islington focus groups were generally happy with the pharmacy services they received in the borough. In the groups of general users from lower income backgrounds, and BAME backgrounds both were particularly content with their pharmacy services, and also felt that the number and coverage of pharmacies in the areas they lived and worked in was good.

Many from the groups of Islington residents with long-term conditions and mental health support needs were also happy with their pharmacies, and were also keen to share their exclusively good experiences like their counterparts in the general groups. However participants in these groups, which generally had higher patterns of usage and need, often drew much greater distinctions between the good pharmacies they chose to use, and others in the borough which they felt they had received a poor service in the past. They were clear that there were some pharmacies they would actively avoid.

To some degree discussions in all four groups also touched on a distinction in service quality between independent community pharmacies and pharmacy chains. In the two groups of general users this revolved around the fact that large chain stores tend to be busier and crowded with long queues and waits. The pharmacy users with mental health support needs indicated that they would prefer not to go to a chain pharmacy. It was in the group of residents with long-term conditions however that this issue came out most strongly, with strong agreement that chain pharmacies were more impersonal, unfriendly, and unhelpful.

## Positive experiences of community pharmacies in Islington

### *General trends across all groups*

*“You can get immediate advice...and peace of mind”*

Many participants in the focus groups had good experiences around the customer service they receive in pharmacies, describing staff as friendly, approachable, polite, and helpful. A few were on first name terms with staff, and felt the service they received was flexible and tailored to their individual needs. Some in the lower income group stated that they used pharmacies in a purely transactional manner, without the need for particular advice or personalised services.

The quality of the advice and knowledge offered in pharmacies was praised by many participants, and they generally placed a high level of trust in this. Pharmacists were considered to be very knowledgeable, with useful advice given on issues such as different brands of medication, possible side

effects, the implications of multiple medications, and spotting potential clashes between different medications. Some participants also commented that pharmacists were proactive about offering relevant services and information. For example, one user was referred by the pharmacist to an optician in the area that was offering free eye tests.

The main advantage of pharmacies focussed on convenience – with participants viewing the fact that they could get advice without an appointment as often being far easier than seeing their GPs. This was particularly the case for dealing with minor ailments. A number of participants found picking up prescriptions easy, with their medication generally being available and ready when they go to collect it. Those that use the repeat prescription service and home delivery options found these services to be useful and efficient.

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

*“You can go in there and you know it will be confidential.”*

This group had a higher pattern of pharmacy usage due to managing multiple and complex conditions, and many had experienced good links and communication between the pharmacy and their GP surgeries.

Participants in this group placed a very strong emphasis on personal relationships with staff, and high levels of care and attention. They also commented on the knowledge pharmacists have of medication, and some stated they would prefer to discuss this with the pharmacist than their GP. One very elderly participant remarked that they are always offered tea by the staff. Another was so well known and trusted that they were able to collect medication for a neighbour. This level of personal service was felt to be available only in independent pharmacies.

Many in this group had experienced a proactive approach to enabling individuals to access prescriptions, including good reminder services, advance notice of closures over long weekends and holidays, home deliveries for those with reduced mobility and flexibility around dispensing. A number of participants on repeat prescriptions praised their pharmacists for only dispensing what they actually needed.

Many commented on how much they rely on the pharmacist for advice on patterns of using medicines, clashes between different medications and the chance to discuss their concerns. The medication review service was also considered to be important in this respect and those who had used it had a positive experience.

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

*“They are very fluent in the care that they give to me”*

Most of those participants in this group who had used the electronic prescription service and repeat prescription service described it as working well. One participant received reminders from the pharmacist when prescriptions are coming up for renewal, which was considered particularly helpful. Another had experience of the pharmacist using blister packs, and this was also felt to be a good service, as the patient was able to see when medications were due to run out, and then call the pharmacist, and collect the next set on time, exactly when they were needed.

Some participants in this focus group had also experienced high quality knowledge and advice about medication for depression and similar conditions, with pharmacists being proactive about checking users were aware of side effects. This felt reassuring to service users. One individual had particularly good experiences using the consultation room for advice and taking medication, and the pharmacy was proactive about offering its use.

Another participant in this group had used the stop smoking service and found it very supportive, with encouraging advice throughout the process of trying to quit. This group also discussed how they valued information leaflets in pharmacies where these were available, as it could help to settle anxieties about certain health needs, without having to speak to anyone directly.

## Negative experiences of community pharmacies in Islington

### *General trends across all groups*

The focus groups also discussed more negative aspects of using pharmacies in Islington. A number of participants found pharmacy staff to be impersonal, off-hand and unfriendly. Poor service was often more frequently identified with chain pharmacies. A few had problems with pharmacists being too busy or unavailable at certain hours.

Not having medication in stock was a frustrating experience shared by a number of participants. They were keen to avoid repeat visits as this can be inconvenient and unnecessary. Several had encountered mistakes with their prescriptions, receiving incorrect dosages and amounts. This was felt to be 'appalling' and dangerous. There were also frustrations in some of the discussions that medication sold could be very short-dated.

There were comments on the training of shop staff who may not have sufficient knowledge to offer advice. There were also remarks about poor levels of English amongst some pharmacy staff.

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

*"I generally use local ones because it's just got more of a personal touch in terms of customer service, they actually will care."*

This group were less frequent pharmacy users, but had some frustrations with the services they were accessing. They also felt that some smaller pharmacies were cramped and unappealing, and were not doing enough to publicise the services available.

One individual experienced a particularly negative example of poor service and communication with other health services: the pharmacist refused to telephone their GP about a faulty prescription, and the individual had to make another visit to the GP as a result. Another commented that it was only chain pharmacies that seemed to accept the minor ailments forms for children's prescriptions which limited the choice of pharmacies that could be used.

### *People with long term health conditions*

*"There is a huge disparity between one chemist and another"*

This group had many comments on long queues in pharmacies, medications being out of stock and not being offered the delivery service. Some mentioned that their pharmacies would only dispense repeat

prescriptions for all medications individuals are on in one go, which was seen as a waste. Participants were also adamant that being offered different medications if the prescribed one is not in stock is a real concern when taking multiple medications due to potential side effects.

A lack of privacy was a concern for some in this group, with conversations being held on the shop floor and no private consultation room provided. One individual strongly emphasised that in some pharmacies surfaces become very slippery in wet weather, and nothing is done to avoid this, posing a great risk for those on crutches.

### *People with mental health needs*

*“Changing faces...if you go in there and you start talking to one and then he’s gone...it’s a nightmare”*

This group had more mixed experiences of using pharmacies in Islington. These users can get anxious about medication, especially when they do not read leaflets that come with their medication, so they need the pharmacist’s advice to reassure them – they had experiences of receiving poor customer service which had lessened their trust in pharmacists.

Some individuals who had used the repeat and electronic prescription services did not experience a smooth service, with problems preventing them from accessing their medication. In one case where a patient was left without her medication, no explanation had been provided as to why this was the case. Others felt that using the electronic prescription service represented an unsettling loss of control over their prescriptions, and they would prefer to have the certainty of managing the process themselves. Another view expressed was that the repeat prescription service meant being restricted to one pharmacy, they preferred the freedom of being able to go to any pharmacy they chose. There were also some negative experiences of the home delivery service – with a patient having to chase both the GP and pharmacist when this had not been received, and finding it hard to manage when both the GP and pharmacist refused to take responsibility.

The quality of advice was found to be variable. In one instance a participant picking up a hay fever prescription was told in the pharmacy that they had a chest infection, but after seeing the GP nothing was found to be wrong. This can cause a lot of anxiety which is a concern for those with mental health support needs who are already worried about their health.

This group were also frustrated by experiences of having to explain their requests and needs repeatedly due to changing staff in pharmacies. When these service users are not feeling well they may not be aware that they are being negative and this requires extra sensitivity on the part of the pharmacist.

**Key points:****What is working well in pharmacies in Islington:**

- Pharmacies viewed as a positive service in the borough
- High level of customer service – polite staff, and personalised response
- High quality advice and knowledge of pharmacists
- Convenient and accessible in many cases
- Private consultation rooms being offered
- Smoking cessation service viewed as being supportive

**What is working less well in pharmacies in Islington:**

- Poor customer service in some cases
- Pharmacies being busy or unavailable
- Lack of stock meaning repeat visits required
- Poor communication between pharmacists and GPs
- Inaccessible buildings for wheelchair users
- Varying quality of repeat prescription and electronic prescription service

# Barriers and gaps in using community pharmacies in Islington

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*

“Opening hours...if you do go to some of these they're closed when you do want them, and it's a pain because you don't know where you can find another pharmacy.”

Short opening hours and poor out of hours access was an issue raised in all focus groups. Comments on opening hours centred around the need for pharmacies to open earlier to be more aligned with GP opening hours now that early appointments are being offered in some surgeries; avoiding anomalies where pharmacies may close over lunchtime or early; and the fact that many smaller pharmacies are closed at weekends.

There was a low level of awareness of out of hours services, with participants not being clear on where these services were or how they would find out about them. Some mentioned a pharmacy on Green Lanes or King's Cross that were open late – both outside Islington.

Several participants in the groups had received information about a pharmacy operating in a large supermarket in Islington and felt this was useful in improving access as it was convenient and could be combined with a shopping trip.

Waiting times for collecting prescriptions was an issue mentioned in all four groups. Some pharmacies get particularly busy and crowded and this can put users off going to those particular pharmacies. This was more often a problem with larger branches of chain pharmacies.

## *Accessibility*

Some participants in the groups also raised significant concerns around the accessibility of pharmacies in Islington. There were identified issues with ramps for wheelchair access, and cramped aisles that could make it difficult for wheelchair users to navigate their way around smaller pharmacies. For some of these users, they would have preferred to use a smaller pharmacy close to their homes, but had to use larger chain ones on high streets because they had better accessibility.

There were also comments about slippery services in rainy weather, which are a significant hazard for those on crutches. There was a strong sense in several of the discussions that there were barriers for those with mobility issues that were not currently being addressed.

Services that could help improve access for many users did not appear to be used consistently, or offered to those who might benefit the most. For example, reminders could prevent individuals having to go back and forth to their pharmacy unnecessarily; and home delivery could be a lifeline for the elderly who are housebound. It did not appear as though everyone was given these opportunities.

## Awareness of services

“I don't really know comprehensively what they actually provide.”

Many participants in the groups were not aware of the full range of services on offer in pharmacies across Islington, and would not have considered using a pharmacy for many simple check ups or lifestyle advice. In one of the groups, a few individuals had noticed large screens with information and advice in their pharmacy, but this was not the norm. For those patients that are frequent pharmacy users, there was some appetite for accessing more provision in pharmacies, to prevent them from always having to go to A&E or their GP. However, they also felt strongly that this would not always be appropriate in every case, and at the moment more specialised services in pharmacies are not available uniformly across Islington.

Public health and lifestyle information was often not raised without prompting 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.

### Key points:

- Different opening hours across Islington can be a big issue in terms of consistent access to services
- Accessibility of pharmacies is a real barrier for wheelchair users and the elderly – this means they have to use larger chains
- Unequal use of repeat prescription, electronic prescription and home delivery
- The majority of respondents are not aware of the full range of services available in pharmacies – particularly around public health and healthy lifestyles

# Improving community pharmacies

Participants were asked for specific ideas of how to improve community pharmacies in Islington, 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 Islington residents and workers:

## Accessibility and availability

- **Opening hours:** participants felt that pharmacies in Islington should have longer opening hours, and aligned where possible with GP surgery times. It is important to identify where gaps in opening hours may be – particularly in local neighbourhoods, and how these could be altered to avoid residents having to travel to main shopping areas. More out of hours services may also be required in the borough. Information about Sunday openings, or nearby out of hours services should be made more readily available.
- **Accessibility:** participants suggested that there should be a review of the layout of smaller pharmacies in particular to ensure that they can be accessed via a ramp for those in wheelchairs, and that the layout is easy to navigate around. It was also felt that more seating could be provided in some pharmacies.
- **Privacy:** several argued that pharmacies should make sure that they offer the private consultation room where available to patients in order to have conversations away from the shop floor.

## Skills and knowledge of staff

- **Training for staff:** Service users told us that this could be improved so sales assistants are more confident to offer advice when the pharmacist is not available. It is also important that all pharmacy staff are aware of the health needs of certain vulnerable users and are able to answer basic questions about medication.
- **Involving GPs in pharmacies:** One suggestion was to have an in-house GP for advice in pharmacies, who could attend at advertised points to again widen the accessibility of instant advice.

## Raising awareness of available services

- **More information about what services are available in pharmacies:** Many in the groups believed that the wide range of services available should be advertised more proactively and there was interest in using more of the following: flu jabs; lifestyle advice and weighing; cholesterol checks; holiday vaccinations (especially useful in cases where people can't get a GP appointment in time for their holiday).
- **Distribute information more widely:** information about pharmacy services could be distributed in GPs, pharmacies themselves, and through general posters and flyers in the local area. One specific idea for how to show this information was having a 'menu' of services displayed on the doors of pharmacies.

- **Improve the minor ailments service:** More pharmacies could offer this, and accept the minor ailments form. This did not appear to currently be the case.

## Relationships with other health services

- **Better communication and co-operation between pharmacists, GPs and other services.** This was seen by participants as being important to avoid patients having to chase prescriptions, or falling through the gaps when services were closed over weekends or bank holidays. The principle should be that if a mistake has been made, it is not up to the patient to have to rectify it. There was also a demand to improve signposting between GPs and pharmacists, making it clear what types of advice can be offered without the need to visit a GP surgery.
- **Health records:** It was suggested that some gaps in communication could be resolved through linking pharmacies into the information and health records system used by GPs.

## Prescribing

- **Improve existing services:** Several participants argued that the home delivery service should be made more effective, with better delivery timings. Patients required a clear understanding of how the repeat and electronic prescription services work, with the responsibility for dealing with any problems lying with the health professionals involved to avoid unnecessary stress for the patient.

## Suggestions from the mental health needs group

- **Triage system to avoid long waits:** When pharmacists are busy and there are long queues waiting, another qualified staff member could be on hand offering a kind of triage system, to help save time and try to help people whilst in the queue.
- **Accessibility:** clearer layout of internal spaces in pharmacies, to help people with greater needs be able to find the right areas more easily.
- **Flu jabs:** Promote flu jabs more, this was seen as an accessible and quick service.

## Suggestions from the long term conditions group

- **Medical records:** It should also be clearer that individuals have the right to their medical records, as this can be helpful when explaining personal health backgrounds in pharmacies.
- **Offer the home delivery service to patients who are housebound:** this is particularly relevant to participants who felt it was often difficult to arrange transport in the borough.
- **Links with hospital pharmacies:** being able to pick up hospital prescriptions not just in hospital pharmacies but also in community pharmacies.

# Part Two:

## Health professionals' views on community pharmacies in Islington

This second section of the report presents the results of an online survey taken by health professionals working in Islington, in order to uncover their experiences and suggestions about pharmacy services in the area and how they may be improved. The types of respondents were pharmacists, pharmacy support staff, GP practice staff, and other allied health professionals.

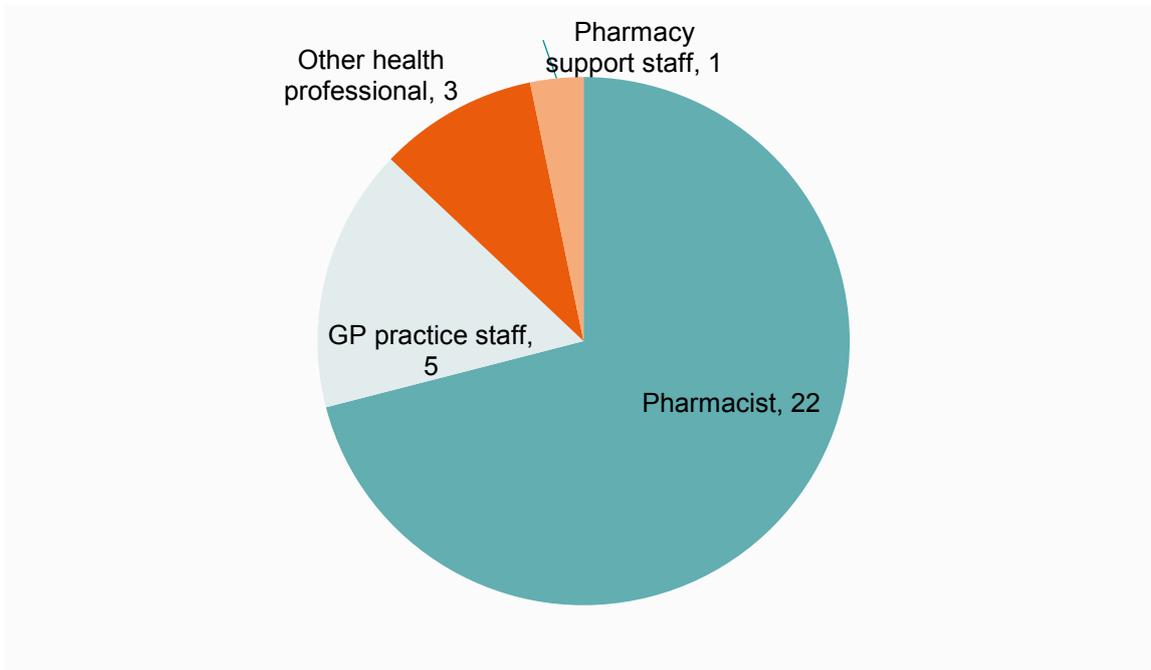
### Methodology

OPM ran a 10-minute online survey with health professionals working in Islington borough, between 11/07/14 and 29/07/14, to be able to explore their views on pharmacies in the borough.

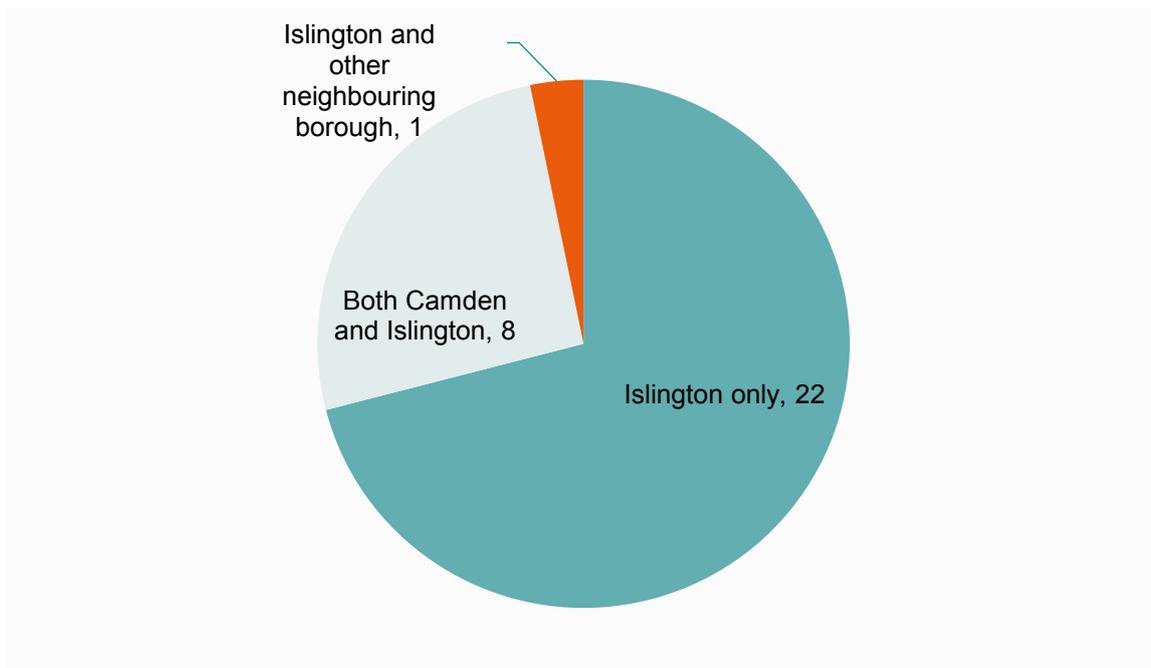
The survey link was distributed by the Islington CCG to pharmacies and GP practices, and by teams within Central and North West London NHS Foundation Trust (CNWL) to health visitors, district nurses, palliative care, and sexual health advisors. Reminder emails were also sent out near to the closing date of the survey by each of the above teams, and the LPC. The link was sent by email with an invitation to take part in the survey, and respondents were given the option to save the answers they had given and return to the survey another time.

### Sample

Thirty one health professionals working in Islington completed the online survey. As shown in Figure 2, most of these respondents were pharmacists, with small numbers of pharmacy support staff, GP practice staff, and other allied health professionals. No District Nurses or health visitors completed the survey. It is important to note that this is a relatively small response rate – particularly for the GPs and 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 type**

As shown in Figure 3, two thirds (N=22) of respondents cover only Islington in their roles, with most of the other respondents also covering Camden borough.

**Figure 3: Respondents by area covered**

Breaking down the sample by ward in which the health professionals work, there were many respondents working across the whole borough, with further large numbers based in the Holloway ward. Four wards did not have any respondents. A full breakdown of the respondents by ward can be found in Appendix D.

## Findings

### Overall views

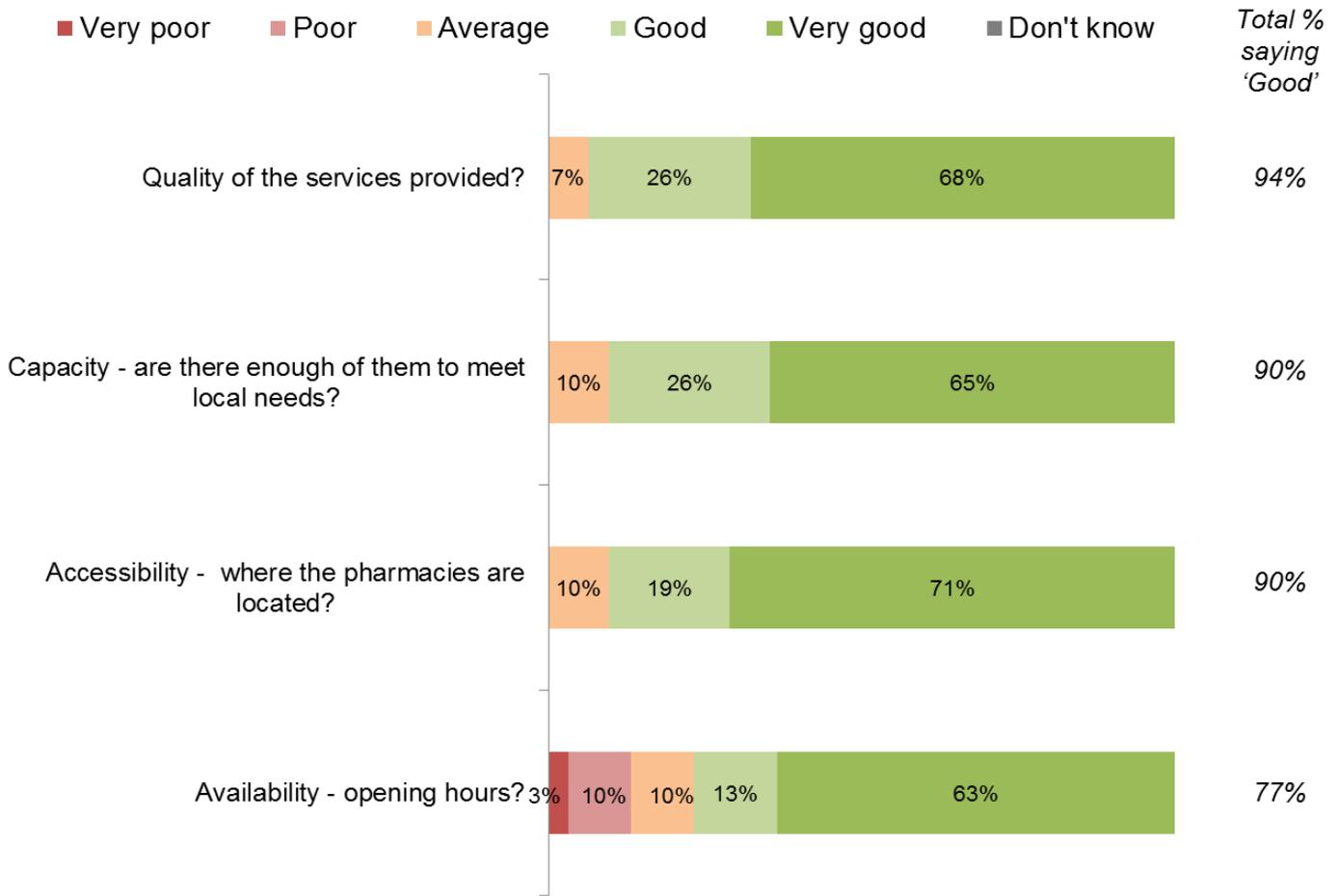
As shown in Figure 4, overall survey respondents in Islington rated pharmacies in the borough very highly. In terms of the quality of the services provided, over two thirds of respondents (68%) believed the quality is 'very good', with a further quarter stating it is 'good'. Only 7% judged the quality of Islington's pharmacies as 'average' and nobody thought it was 'poor' or 'very poor'.

Pharmacies in Islington received similarly positive ratings from respondents with regards to the number of pharmacies in the borough – 90% stated that capacity was 'very good' or 'good'; and also for the location of the pharmacies, with 90% also stating this to be 'very good' or 'good'.

However, respondents were somewhat less positive about the opening hours of pharmacies in the borough. Although 77% stated these were 'good' or 'very good', this is the only dimension which garnered 'poor' or 'very poor' ratings, by 13% of respondents. A further 10% thought opening hours were only average.

Pharmacists and pharmacy support staff rate all of these dimensions almost exclusively as 'very good', with only a few respondents rating individual dimensions as 'good' and one instance of 'average'.

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



Base: 31 health professionals working in Islington, 11/07/14 to 29/07/14

The eight health professionals who did not work in pharmacies were also asked to rate the quality of individual services offered by pharmacies in Islington. Beyond the more typical services of dispensing and giving advice on medication, many health professionals did not know the quality of particular services. As shown in Table 1, those that did rate services were positive overall, with all responding health professionals giving a 'good' or 'very good' rating to: 'Advice on over the counter medications'; 'Prescription delivery service'; and 'emergency contraception'. 'Dispensing medicines one-off' and 'advice on prescription-only medicines' were also rated highly by most professionals.

Services that were rated more negatively by those who responded were: 'Anticoagulation service'; 'Diabetes screening and monitoring'; 'Chlamydia screening and treatment'; 'Alcohol screening and intervention'; and 'Weight management'. For all these, all health professionals rated them as average, poor or very poor.

Some comments on services given by health professionals responding to the survey were:

- That there is more potential for pharmacies to offer a wider range of services;

- There was strong criticism that the supervised consumption service in Islington has been reduced; and
- It was suggested that there needs to be a pharmacy stocking end of life care medication that is open 7 days.

**Table 1: Other health professionals' rating of specific pharmacy services in Islington**

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

Pharmacists and pharmacy staff in Islington were asked about the same list of services and how often these had been used in the last 3 months. As outlined in Table 2, the most frequently used services were: *'Advice on over the counter and prescription-only medications'*; and *'Dispensing medicines one-off'*.

*'Alcohol screening'* and *'Anticoagulation service'* were not provided in most pharmacies, and *'Weight management'* was the most rarely used.

Some of the comments on the services mentioned, included:

- the importance and popularity of the minor ailments scheme;
- that the influenza vaccination is seasonal; and
- a lack of training among pharmacy staff to deliver some of the services on offer.

**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)
Dispensing medicines one-off	20	2	1	0	0	0
Repeat dispensing	19	2	2	0	0	0
Electronic prescriptions	16	1	4	0	0	0
Advice on over the counter medications	23	0	0	0	0	0
Advice on prescription-only medications	22	1	0	0	0	0
Prescription delivery service	17	3	0	1	1	0
Appliance user reviews, fitting and advice	4	1	8	4	5	1
Disposal of unwanted medicines	15	5	2	0	0	0
Signposting to services by other health agencies	13	7	3	0	0	0
Support for self-care	16	5	1	0	0	0
Supervised consumption of medicines	16	0	1	1	5	0
Needle and syringe exchange service	6	0	5	1	10	0
Smoking cessation service	7	9	4	1	1	0
Minor ailments scheme	18	1	2	1	1	0
Emergency contraception	8	5	5	0	5	0
Medicine reminder devices	18	1	1	0	2	0
NHS Health checks	2	2	1	1	16	0
Diabetes screening and monitoring	0	0	1	3	19	0
Chlamydia screening and treatment	0	0	4	3	16	0
Weight management	0	3	6	1	13	0
Alcohol screening and intervention	0	0	3	0	19	0
Influenza vaccination	5	3	3	2	7	3
Anticoagulation service	0	1	0	1	21	0

Comments on possible gaps in the services focused on:

- the need for more information about other health services, for example which services are available and how they can refer patients to them;
- the need for extra funding to be able to maximise pharmacies' potential to provide additional services, and to offer a holistic service;
- particular services that should be improved or expanded (needle exchanges, supervised consumption, diabetes screening);
- the supply of end of life medication, particularly the need to improve access, and 24/7 access, to these; and

- the idea of real-time support for patients, e.g. remote monitoring.

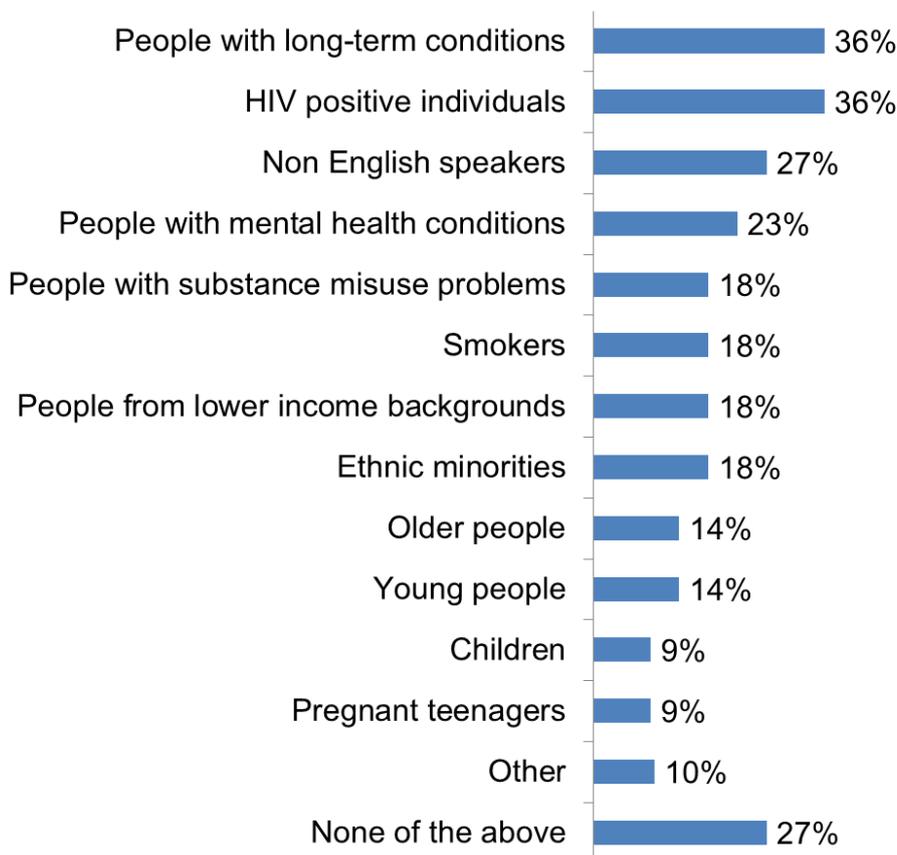
## Groups and trends

Looking into the needs of particular groups in Islington and whether they are currently being met adequately by pharmacies, most respondents did choose at least one group, with only 27% suggesting that all groups' needs were being met. As shown in Figure 5, those with long-term conditions (36%) and with HIV (36%) were most often identified as having unmet needs. Non-English speakers (27%) and people with mental health conditions (23%) were also often identified as having specific needs which are currently not being adequately met by pharmacies.

Commenting on groups and their unmet needs, some of the issues respondents mentioned were:

- the needs of the frail elderly and those at end of life;
- the unequal geographical spread of services;
- the need for better information on what services are available;
- the role of translators; and
- better monitoring of health.

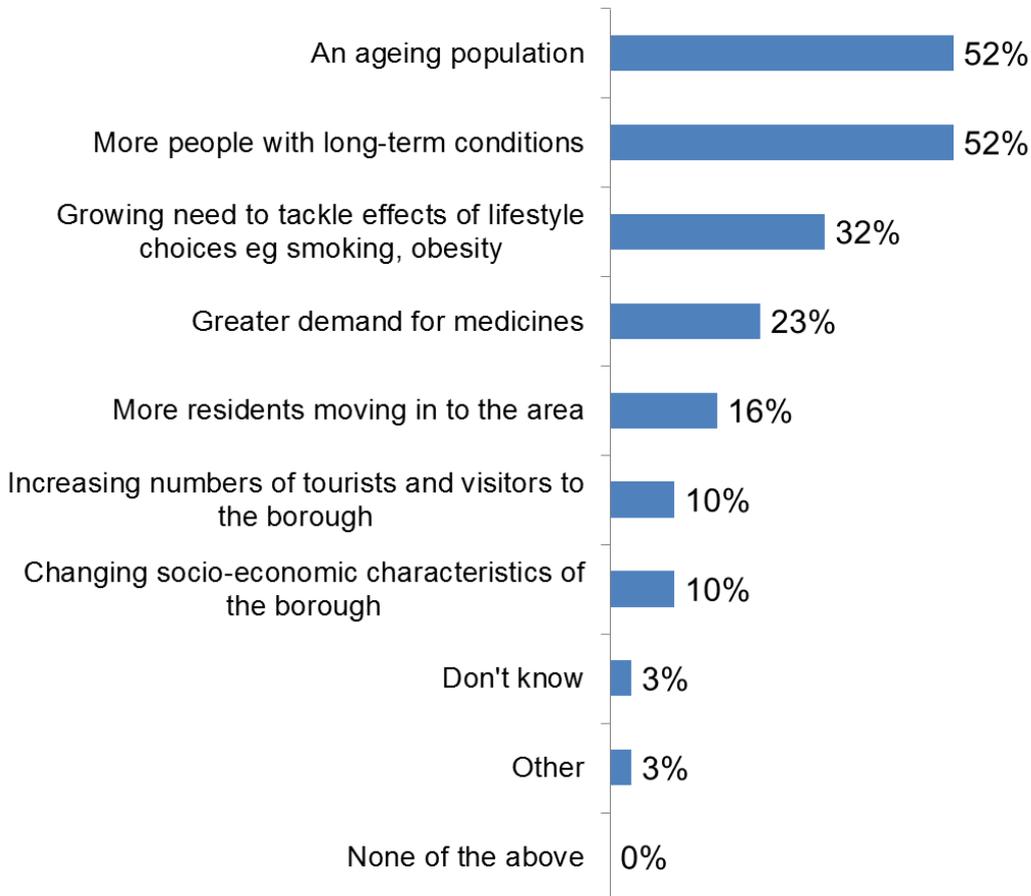
**Figure 5: Are you aware of any groups in the area(s) you work in that have specific needs which are currently not being adequately met by community pharmacies? Please select any that apply from the list below.**



Base: 31 health professionals working in Islington, 11/07/14 to 29/07/14

Health professionals were also asked which two trends they thought would have the greatest impact on local pharmaceutical needs, and as outlined in Figure 6, the most commonly identified trends were 'An ageing population' (52%) and 'More people with long-term conditions' (52%).

**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: 31 health professionals working in Islington, 11/07/14 to 29/07/14

## Areas for improvement

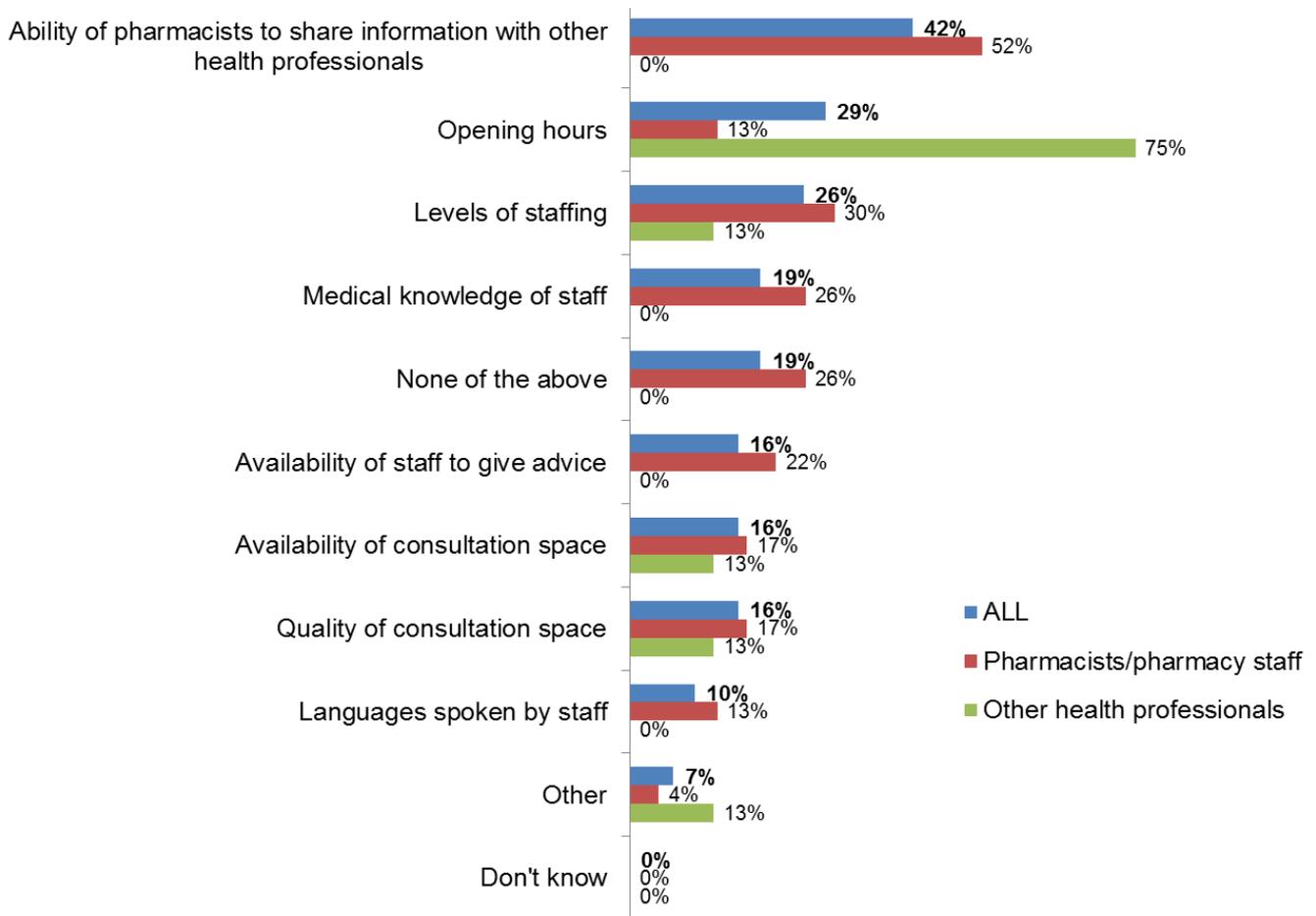
Pharmacists and pharmacy staff in Islington disagreed with other health professionals in the borough over what the top area for improvement for pharmacies was. As shown in Figure 7, the former group most frequently identified the ability of pharmacists to share information with other health professionals as an area that needed more work, with 52% identifying this as an issue. Other health professionals did not believe this to be a problem, and were most likely to select pharmacy opening hours (76%) as an area for improvement.

Comments from survey respondents on areas for improvements included:

- too short opening hours, particularly in the north of Islington;
- the need for another 7 day pharmacy and at least one 24 hour pharmacy in the borough;

- more information on out of hours pharmacies;
- the need for greater funding, particularly for independent community pharmacies;
- more staff and training; and
- better communication between all 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: 31 health professionals working in Islington (23 pharmacists or pharmacy staff, 8 other health professionals) 11/07/14 to 29/07/14

Services that pharmacists and pharmacy support staff would like to provide in the future mentioned in the comments were:

- tests for diabetes,
- cholesterol and blood pressure checks;
- weight management;
- minor ailments;

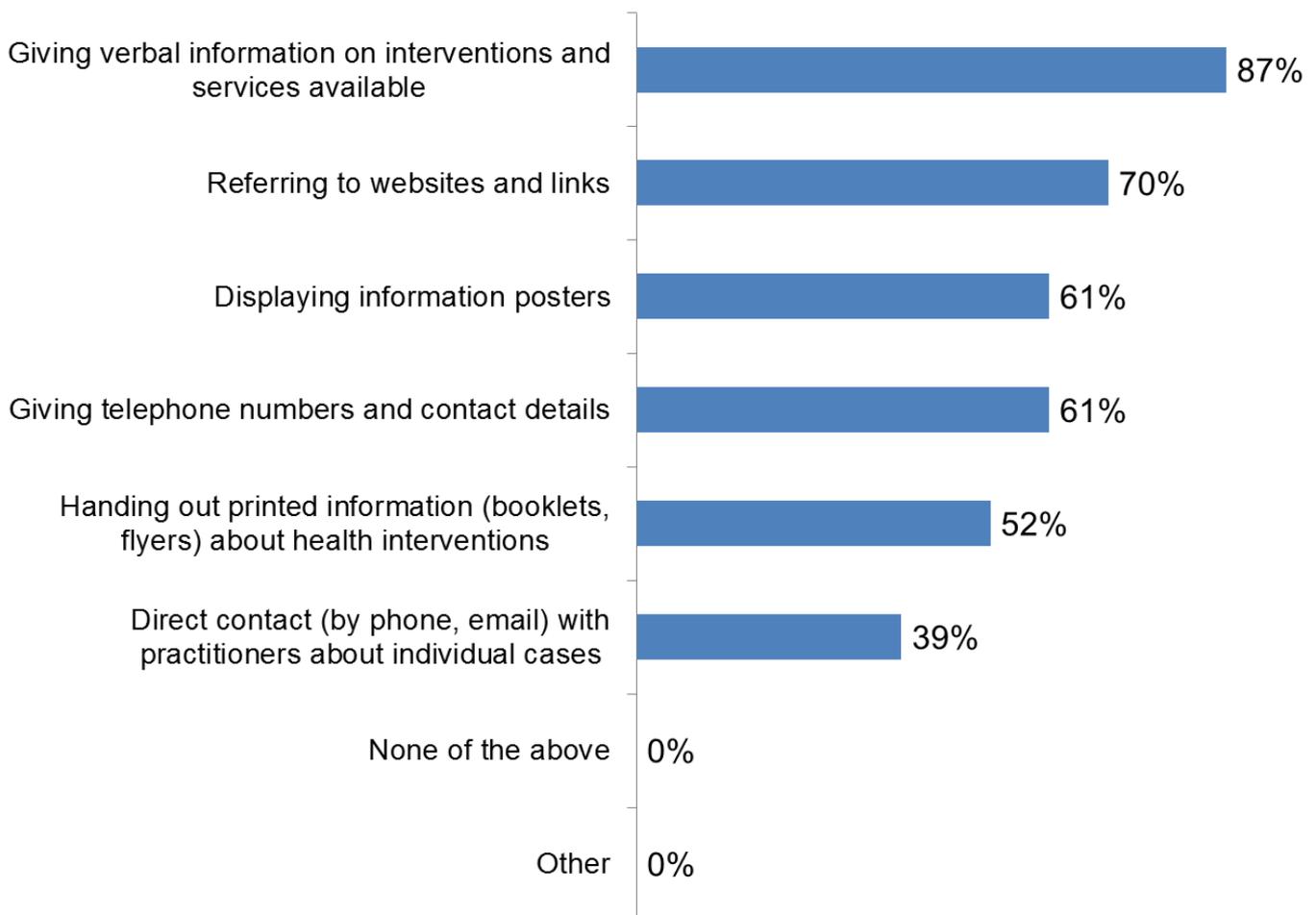
- vaccinations;
- help for long-term conditions such as dementia.

## Signposting to relevant health interventions

When asked how effective they feel community pharmacies in the area(s) they work in are at signposting the public to relevant interventions by other health services, of the 8 responding health professionals in Islington not working in pharmacies, 4 were not able to judge the effectiveness of signposting by local pharmacies to other health services. The other 4 felt that this service was 'quite effective', with nobody stating it to be 'very' or 'not at all' effective.

Pharmacists and pharmacy support staff stated that they use a range of means to signpost the public to other health services. As illustrated in Figure 8, the most commonly used means to signpost are 'giving verbal information' (87%); and 'referring to websites and links' (70%). Fewer resort to 'direct contact with practitioners by phone or email', with only 39% indicating they use this channel of communication.

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

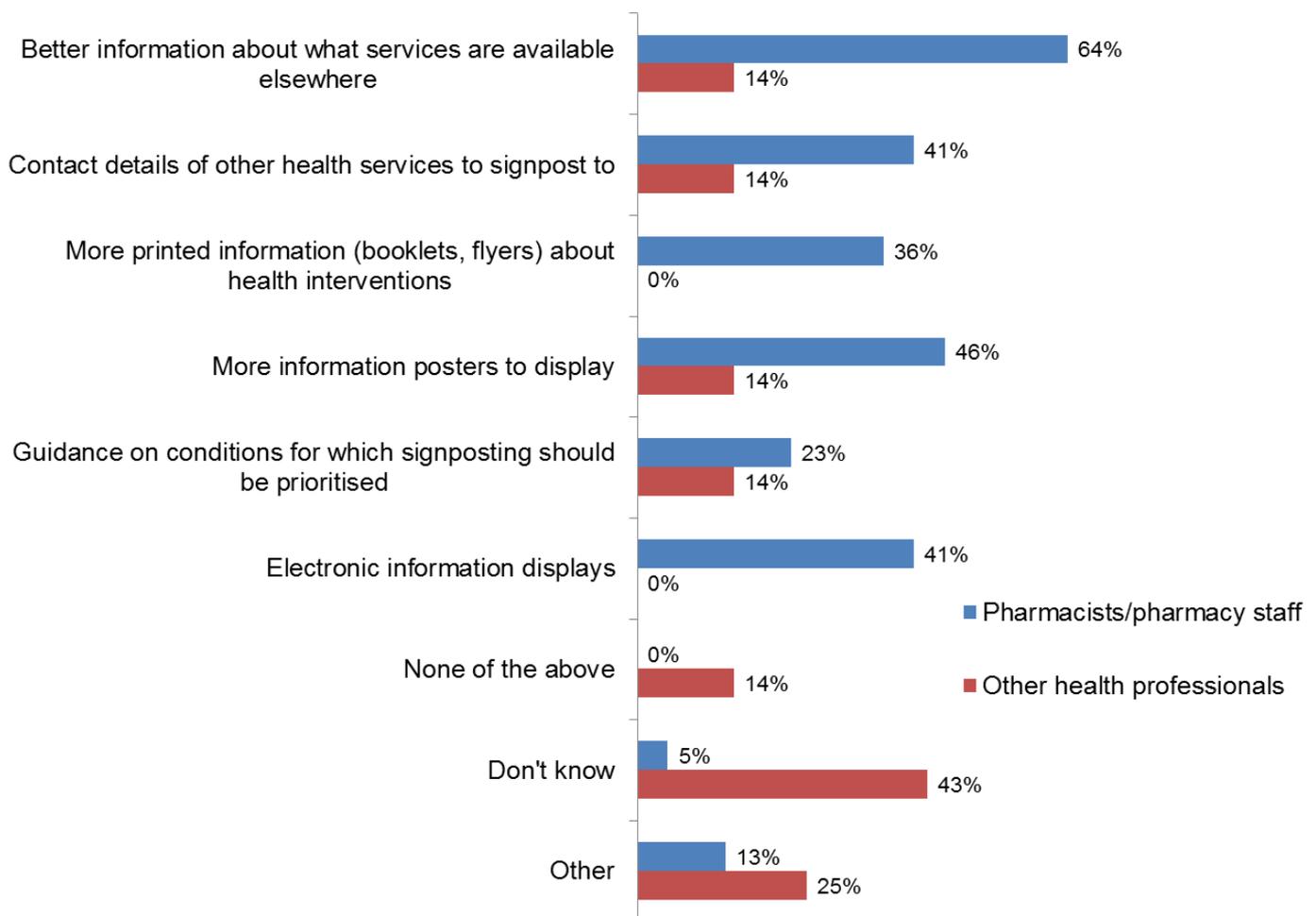


Base: 23 pharmacists and pharmacy staff working in Islington, 11/07/14 to 29/07/14

Both health professionals from pharmacies and from other health services were asked what would improve signposting by pharmacies. As shown in Figure 9, many respondents from other health services did not know how this could be improved, reflecting the earlier finding that many simply do not know how this works.

Pharmacists and pharmacy support staff gave more suggestions for how to improve signposting, with *'better information about what services are available elsewhere'* (64%) being the most popular. *'More information posters to display'* (46%); *'Electronic information displays'* (41%); and *'Contact details of other health services to signpost to'* (41%) were also popular choices.

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



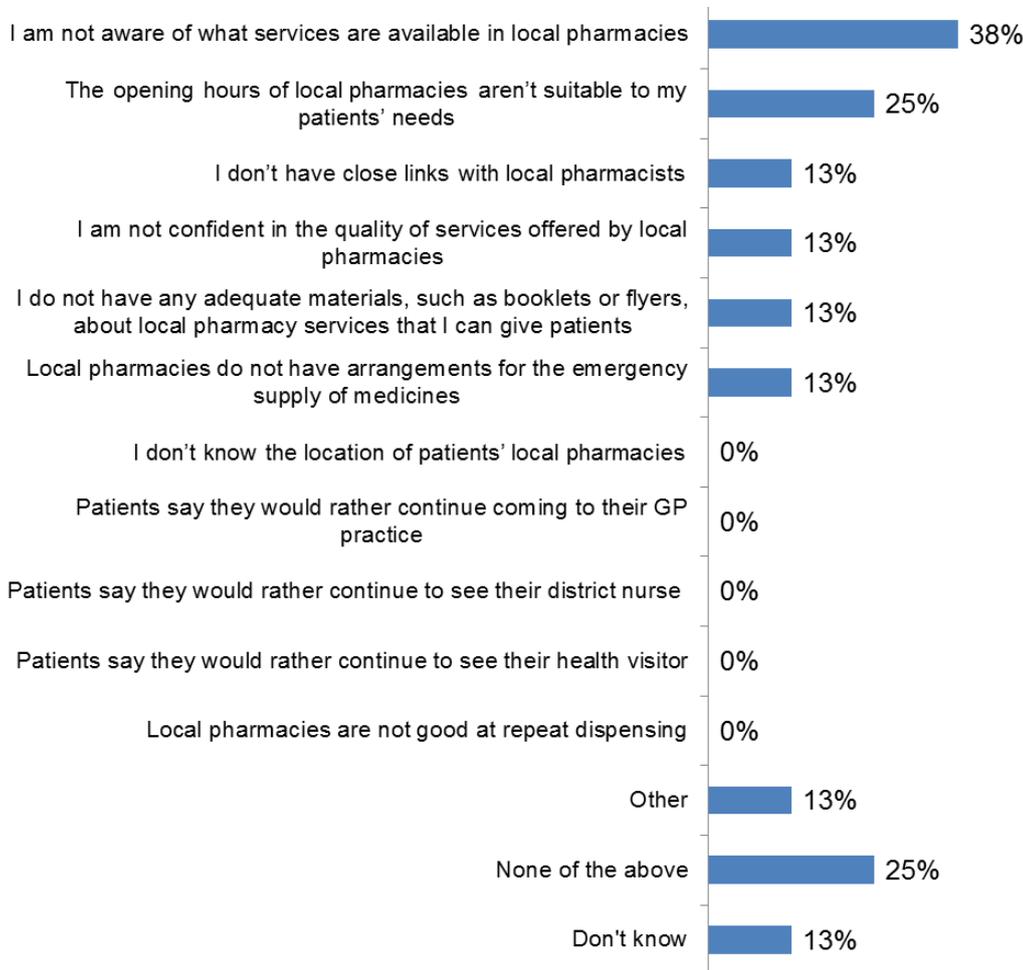
Base: 29 health professionals working in Islington (22 pharmacists or pharmacy staff, 7 other health professionals) 11/07/14 to 29/07/14

## Challenges in referrals

A few health professionals from other services identified challenges or barriers affecting their ability to refer patients to pharmacy services. As shown in Figure 10, the most commonly identified challenge was not being aware of the services available in pharmacies, selected by 3 respondents (38%). Two also indicated that opening hours were not convenient to patients' needs (25%). One comment pointed out the problem of

mistakes being made by pharmacists, attributing it to their lack of time. However 3 out of 8 health professionals did not identify any challenges or barriers, selecting 'None of the above' or 'Don't know'.

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



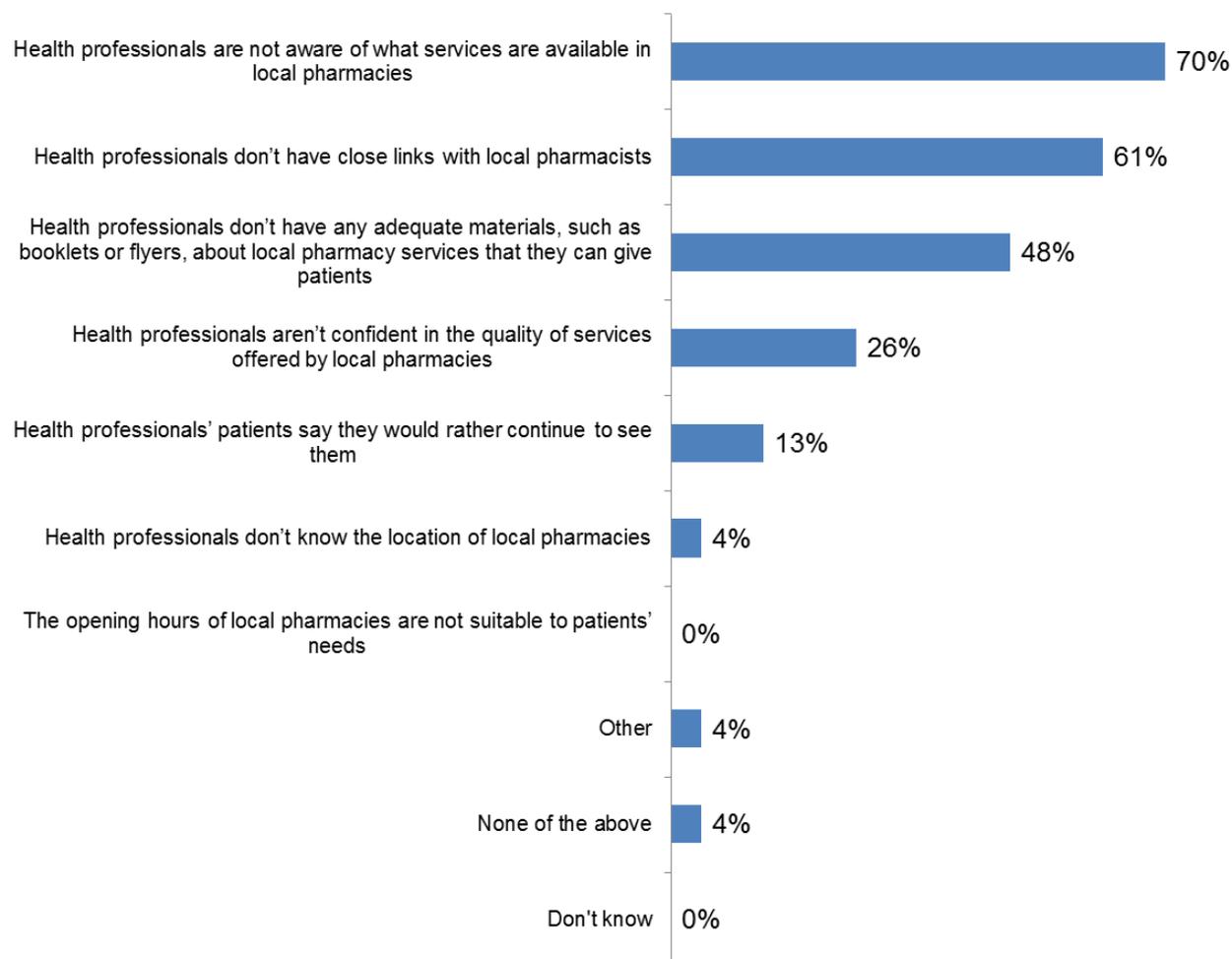
Base: 8 health professionals working in Islington (non-pharmacy), 11/07/14 to 29/07/14

Pharmacists and pharmacy support staff were also asked to identify challenges or barriers in referral to their services. As outlined in Figure 11, they selected a much greater number of challenges than their colleagues from other services, with the most frequently cited being the issue of health professionals lacking awareness of what services are available in pharmacies (70%). This was the top issue for the other health professionals too. Just over three fifths (61%) of this group also often stated that links between pharmacists and other health professionals were not good enough; and 48% believed health professionals needed better information about pharmacies to give patients.

Comments on how these challenges could be overcome focused on several issues, including:

- providing more information to health professionals about what services pharmacies offer;
- better links and face to face interaction between pharmacies and other health services; and
- better collaboration and information sharing between services.

**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: 23 pharmacists and pharmacy staff working in Islington, 11/07/14 to 29/07/14

## Other comments

At the end of the survey all respondents were given the chance to leave 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. Comments included:

- That the service in pharmacies in Islington is good overall and has improved;
- The feedback from the local public about pharmacies is generally positive;
- More use of digital technology could save money;
- Transport being an issue for accessing services, especially for elder people;
- Joint training for GPs and pharmacists could be helpful; and
- More information for GP practice staff about services available in pharmacies would help these make the public more aware of services too.

# Conclusions and recommendations

It is clear from both the focus groups and the survey with pharmacists and other health professionals that pharmacies in Islington 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 Islington.

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

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>— Getting advice immediately without an appointment</li> <li>— Longer opening hours to improve access outside of work hours</li> <li>— Being confident in the knowledge of the pharmacist, and in some cases getting to know them in person</li> </ul>
<b>People with mental health needs</b>	<p>High dependency on and use of pharmacy services.</p> <ul style="list-style-type: none"> <li>— Being treated with extra sensitivity and patience when patients may not be feeling well</li> <li>— Reassurance through having access to instant medical opinions</li> <li>— Avoiding unnecessary repeat trips to the pharmacy</li> <li>— Not being kept waiting in pharmacies</li> <li>— Being offered the private consultation room where available</li> <li>— Advice that is appropriate to the pharmacist's role and not infringing on the role of GPs.</li> </ul>

<p><b>People with long term conditions</b></p>	<p>High level of dependency due to frequency of pharmacy visits and complexities managing multiple conditions:</p> <ul style="list-style-type: none"> <li>— Valued personal service – tailored to their needs.</li> <li>— Friendly and respectful staff – particularly for the frail and more vulnerable</li> <li>— Reliance on accurate advice over taking multiple medications.</li> <li>— Time to listen and explain changes in prescriptions – important when suffering from memory loss</li> <li>— Delivery options and reminders for prescriptions.</li> </ul>
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It was apparent from the focus groups that we held and the survey responses, that pharmacies are generally well regarded in Islington, and those using them feel that some of their priorities are already being met and are well understood. 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 Islington have in pharmacies in the future.

In terms of the distribution of pharmacies in Islington, there were no specific comments, but both the focus groups and the survey highlighted opening hours as an issue. The different patterns of opening across Islington 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 challenge for those taking multiple medications, and there should be clearer signposting about availability during these times. A suggestion in the survey responses was that opening hours are particularly short in the north of the borough.

**Recommendation:** *The opening hours of pharmacies should to be mapped to ensure that there is equitable coverage of early and late provision across the borough. Clearer information should to be provided in pharmacies of out of hours services so pharmacy users know where to go. There was also a*

*suggestion that a 7 Day pharmacy and at least one 24 hour pharmacy were required in Islington to avoid residents having to travel outside of the borough.*

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. Pharmacists reported frequent usage of these services which suggests they are being taken up – but our findings from the focus group suggest a low level of awareness of, and at times, confidence in, what is on offer.

**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 the focus groups, participants were not always aware of the range of services that are on offer in pharmacies in Islington. 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. There were also comments from survey respondents about the popularity of the minor ailments scheme, whereas the focus group unearthed some problems with how this operates, and a low level of awareness.

**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 could 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 priorities of this group are not currently being met – for example around those patients that are housebound or have mobility issues. There were also responses in the survey focussing on end of life care medication and the requirement for a pharmacy in Islington that stocks this and is open 7 days a week.

**Recommendation:** *Pharmacies should ensure that sufficient seating is provided, as well as clearly laid out aisles with lots of space, and wheelchair access for those who are able to visit in person. Alongside the home delivery service should be promoted for those who are not able to visit a pharmacy in person. This should be mapped across Islington to identify which premises are not currently accessible.*

The links between pharmacies and other health services was another key theme in both the focus groups and the survey with it being stated that these were not currently good enough. Both pharmacists and other health professionals reported issues with information about the services available in pharmacies. They were not always aware of services on offer nor had materials to give patients about these. It was also not clear how signposting and referrals between the two were necessarily working – the most common way of signposting was verbally in person which also suggests that referrals are demand led, rather than

proactively promoted. Health professionals and pharmacists both felt that information sharing and signposting could be improved.

**Recommendation:** *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. It was also apparent that some would benefit between better face to face collaboration between pharmacists and other health services, and consideration should be given as to the most appropriate forum in Islington to bring these together.*

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

**Recommendation:** *To consider how to improve the training and skills of pharmacy and pharmacist staff – one suggestion was that joint training for GP and pharmacy staff could help – and would make each more aware of the services they provide.*

In summary, there were many encouraging responses about pharmacies in Islington, 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. We recommend that Camden and Islington's PNA Steering Group further consult with user groups in the borough on the needs of those with long term conditions in particular, given the strong feelings about accessibility in pharmacies, views on it being hard to travel across Islington, and the likely future pressures on services from an ageing population.

# 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 Islington
- Diabetes UK
- Diabetic Voices
- Healthwatch Islington
- Heart2heart BHF Cardiac Support Exercise Group
- Islington Borough User Group
- Islington Council
- Mind in Islington
- Stroke UK
- Voluntary Action Islington
- Whittington Health

## Appendix B: Profile of focus group participants

Group	Number of participants
Mental health support needs	11
Long-term conditions	9
BAME	9
Lower income	6
<b>TOTAL</b>	<b>35</b>

Variable	Number of participants
<b>Gender</b>	
Male	18
Female	17
<b>Age</b>	
18-39	12
40+	23
65+	5
<b>Ethnicity</b>	
White British	12
White Other	4
Black or Black British	10
Asian or Asian British	5
Chinese	1
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> </ul>

	- How this could be improved in the future.
10 minutes	<b>Final reflections and comments</b> <b>Next steps</b>

## Appendix D: Ward breakdown of survey respondents

Which ward in <u>Islington</u> are you based in?	Number of respondents (N)
Holloway	7
All of them - I work across the whole borough	6
Canonbury	4
Barnsbury	3
Bunhill	3
Finsbury Park	3
St Mary's	3
Caledonian	2
Clerkenwell	2
Highbury West	1
Hillrise	1
Mildmay	1
Tollington	1
Wards in neighbouring boroughs	1
Highbury East	0
Junction	0
St George's	0
St Peter's	0
Don't know	3

# Appendix E: Map of focus group participant pharmacy use

Green + signs represent locations of pharmacies in Islington

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

