

**Report on Access to Pharmacies in Hammersmith & Fulham
and Kensington and Chelsea
November 2011**

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- ◆ Hammersmith & Fulham Mencap
- ◆ HAFAD (Hammersmith and Fulham Action on Disability)
- ◆ Hammersmith & Fulham Consultative Forum
- ◆ Kensington and Chelsea Local Involvement Network Physical Disability Sub-group
- ◆ Action Disability Kensington and Chelsea (ADKC) and
- ◆ RBKC Learning Disability Health Sub-group

Thank you to all our members for taking part, filling in our questionnaire and volunteering to mystery shop the pharmacies.

Ijeoma Igwume
Hestia Housing and Support
 November 2011

1. Introduction

This research report details our findings on the accessibility of pharmacies in Hammersmith and Fulham and Kensington and Chelsea. In Hammersmith and Fulham, this study was carried by the H&F Disability Forum members in collaboration with HAFAD (Hammersmith and Fulham Action on Disability), H&F Mencap and the H&F Consultative Forum for Older People. Working in partnership with Kensington and Chelsea, it was carried out by the Kensington and Chelsea Local Involvement Network (K&C LINK) Physical Disability Sub-group members, Action Disability Kensington and Chelsea (ADKC), the RBKC Learning Disability Health Sub-group.

Aim

The aim of this project was to assess the accessibility of pharmacies in Hammersmith & Fulham and Kensington & Chelsea to determine if local pharmacies provide community services to disabled and older people under the national and local pharmacy contracts.

2. Methodology

2.1 – Questionnaire covering H&F Disability Forum, Hafad, H&F Mencap and K&C LINK, ADKC and RBKC Learning Disability

Forum/LINK members developed a questionnaire to find out about members' last visit experience with their local pharmacies. The questionnaire looked at access to and within the pharmacy as well as experience with pharmacy staff. The questionnaires were sent out to representative groups in both boroughs:

- ◆ Total number of questionnaires received from H&F – 55
- ◆ Total number of questionnaires received from K&C – 54

2.2 – Questionnaire covering H&F Mencap & RBKC Learning Disability Group

An easy read version of the questionnaire was designed by the RBKC Learning Disability Health Sub-group. H&F Mencap helpfully adapted the survey for their members.

130 standard questionnaires were sent out to H&F Mencap members, 110 of whom were carers to help support members complete the survey. The remaining 20 was left in the H&F Mencap office for carers to fill out at their coffee mornings or when carers drop in.

The RBKC Learning Disability Health Sub-group sent it to 120 of their members.

- ◆ Total number of questionnaires received in H&F – 13
- ◆ Total number of questionnaires received in K&C – 4

2.3 – H&F and K&C Mystery Shopping

The second phase of the pharmacy project was conducted through mystery shopping. This phase required physically visiting the pharmacies and speaking to staff in order to check accessibility. Pharmacies were informed of the checks and participants were given training on how to carry out a 'mystery shop' and supported by literature informing the reception staff on the day of the checks.

- ◆ Of the 40 registered pharmacies in H&F, 30 were visited by 5 volunteers.
- ◆ Of the 40 registered pharmacies in K&C, 22 were visited by 10 volunteers.

3.0 – Findings from Pharmacy Questionnaire in H&F/K&C

3.1 – Results of Pharmacy Questionnaire H&F and K&C LINK

This section summarises the recent experiences of 55 local disabled residents in accessing their pharmacy. A summary of findings is shown below: (See appendix 9.2 for questionnaire data analysis)

Main findings

Overall, the feedback was very good, with positive results. However the main areas of concern were;

1. H&F (8/55) and K&C (4/49) people said pharmacies did not explain clearly how to take their medicine. (See Appendix 10.1 on list of pharmacies).

Recommendation: Pharmacists should explain to all patients how to take their medicines

2. H&F (5/15) 33.3% and K&C (18/31) 45% said it was not easy to park close to the pharmacy as a blue badge holder.

Although parking stress is high in both H & F and K & C there are concerns that some blue badge holders find it difficult to park safely and close to their pharmacy.

Recommendation: Pharmacies should know where blue badge holders can park close by safely.

3. H&F (9/55) and K&C (12/53) said they could not get into their pharmacy on their own. (See Appendix 10.2 on list of pharmacies).

The mystery shoppers reported H&F (7/30) and K&C (4/21) pharmacies were not step free. (See Appendix 10.3 on list of pharmacies)

We are concerned that not every customer can get into and move round their pharmacy without help. Most pharmacies are step-free but there are still a small number of pharmacies that do not meet this basic standard. The NHS should ensure commissioned pharmacy services are accessible.

Recommendation: Pharmacies to ensure customers can get in without help (e.g. by removing steps where feasible, providing a ramp and/or by providing clear information on how to ask for assistance).

The PCT to monitor under both the national pharmacy contract and local enhanced pharmacy service contracts whether every pharmacy is step-free and providing an accessible service to customers.

4. H&F (7/53) and K&C (7/54) people said it was not easy to get around the pharmacy

Recommendation: Pharmacies to ensure customers can move around the pharmacy without help (e.g. by removing steps where feasible, providing a ramp within the pharmacies and/or by providing clear information on how to ask for assistance if needed).

5. H&F 50% (35/54) of the survey participants said 'No' or 'I don't know' when asked if their pharmacy had a consultation room.

K&C 60.8% (31/51) of the survey participants did not know if their pharmacy had a consultation room.

Many participants did not remember whether their pharmacy had a private consultation room or whether it was accessible to wheelchair users. The evidence suggests most pharmacies have a consultation room but not all are accessible. We understand the NHS does not commission specific services unless a consultation room is available.

Recommendation: Clear signage to private consultation room. Clarity is required from the NHS on the commissioning of services for pharmacies with/without a consultation room and whether it should also be accessible to wheelchair users.

6. H&F (3/19) and K&C (21/40) said the consultation room was not accessible.

H&F (2/19) and K&C (3/19) mystery shoppers confirmed the consultation room was not accessible.

Recommendation: Pharmacies to ensure consultation room is wheelchair accessible.

7. H&F (9/26) and K&C (9/29) said the pharmacist **did not** offer to dispose of medicines you no longer needed.
8. H&F (7/20) and K&C (8/26) said pharmacist **did not** provide advice on current health problems or long term health condition.
9. H&F (4/20) and K&C (5/29) said the pharmacist **did not** provide accessible information on the medicine packet on request.
10. H&F (3/14) and K&C (5/20) said the pharmacist **did not** provide ordinary screw tops to make it easier to open medicines.
11. H&F (1/26) and K&C (5/36) said the pharmacist did not provide advice on repeat prescriptions.

Recommendation: NWL NHS to confirm how pharmacy services under the national pharmacy contract should be offered and provided to disabled customers. INWL NS to ensure that local enhanced pharmacy services are provided in step free pharmacies with an accessible service to customers.

Comparing results with Mystery shoppers in H&F and K&C

12. H&F (5/27) and K&C (2/21) reported the pharmacist did not advertise the disposal of medicines you no longer needed.
13. H&F (10/28) and K&C (1/21) reported the pharmacist did not advertise giving advice on health issues.
14. H&F (6/29) and K&C (4/19) reported the pharmacist did not advertise providing advice on repeat prescriptions.
15. **H&F (1/30) and K&C (0/22)** reported the pharmacist did not advertise the Stop smoking advice service.

The evidence from the last visit to the pharmacy, mystery shopping and additional comments provided by disabled people suggests that people are not aware of what NHS services their pharmacy provides.

Recommendation: Pharmacies to advertise all NHS pharmacy services clearly.

16. H&F (9/53) people reported that social services prescribed an aids and adaptation prescription; however H&F (4/6) people reported the pharmacy **did not** provide aids and adaptations on prescription to them.

K&C (16/52) people reported that social services prescribed an aids and adaptation prescription; however K&C (15/16) people reported they **did not** provide aids and adaptations on prescriptions.

London Borough of Hammersmith and Fulham (LBHF) started prescribing aids and adaptations on prescription very recently. The evidence suggests that not every prescription was fulfilled successfully. The Royal Borough of

Kensington and Chelsea had not yet started providing aids and adaptations on prescription through pharmacies but plan to start shortly.

Recommendation: LBHF and RBKC to provide further information on the availability of aids and adaptations via local pharmacies and community groups.

13. When asked ‘what would make your pharmacy better’? The general recommendations were:

H&F reported

- “I’d ask for my GP to work more closely with the pharmacy”
- “I would request better information about repeat prescriptions”
- “A simple leaflet explaining these facilities should be inserted in/given with the medicines”
- “Better signage into the pharmacy”

K&C reported

- “I have requested for them to install a bell to make it easier to get into the pharmacy” and another similar response “I asked them to install a bell”
- “A private consulting room” and “More room for disabled customers/ wheelchairs”.
- “Tell us how to use them (*pharmacies more effectively*)”
- Parking & free local delivery

3.2 – Findings from H&F Mencap and RBKC Learning Disability Health Sub-group

A similar survey was carried out with H&F Mencap and the RBKC Learning Disability Sub-group with an amended easy read design to make it accessible for their members to participate.

This section summarises the recent experiences of H&F (13) and K&C (4) local disabled residents with learning disabilities.

A summary of findings is shown below. *See appendix 9.3 for questionnaire data analysis)*

Main findings – H&F Mencap survey and RBKC Learning Group pharmacy project

The overall feedback again indicated high levels of satisfaction with access to pharmacies. However, the main areas of concern listed tallied with the generic survey carried in **Section 3.0**.

The lack of sufficient information about the services provided by the pharmacy was an issue. H&F (6/11) and K&C (1/4) did not know what time the

pharmacy opened or closed. H&F (6/13) and K&C (1/4) said they did not know if their pharmacy had a consultation room.

When it came to offering services, more than half answered 'No' or 'I didn't ask'. This could indicate again that more emphasis needs to be put on proactively informing customers of what services are available at the pharmacy. As previously stated, community pharmacies have a duty to provide these services under the national contract; dispensing, advice on medicines, health promotion and the disposal of medicine waste and medicines review. Funds should be invested in ensuring these requirements are met.

We asked if the pharmacies had a close relationship with their GP. H&F (5/13) and K&C (0/4) reported they did not.

In September 2008, the Department of Health published a new directive that stated all adults with learning disabilities must have annual health checks. With this in mind, the pharmacy/GP relationship is particularly important for people with learning disabilities in ensuring annual health checks are carried out in full and the appropriate support provided.

Recommendation: Pharmacies with patients with a learning disability to ensure they liaise closely with the patient's GP to ensure that annual health checks are followed up appropriately.

4. Results of Mystery Shopping

This section summarises the recent experiences of H&F local disabled volunteers who carried out mystery shopping in H&F and K&C.

A summary of findings is shown below:

H&F (30/40) and K&C (21/40) pharmacies were visited.

(See section 9.3 Methodology of how mystery shopping was carried out)

(See appendix 9.4-9.5 for letters questionnaire data analysis)

Main findings

Overall again the responses were positive, however some concerns remain around accessibility, these include:

- i) One mystery shopper who visited 14 pharmacies reported that pharmacies were very keen to say they provided NHS services but were not always able to demonstrate how NHS services were advertised to patients.
- ii) H&F (7/30) and K&C (4/21) respondents said that the pharmacy did not have step free access into and throughout the pharmacy.
- iii) H&F (20/30) and K&C (15/20) respondents said the prescription counter did not have a hearing aid loop sign displayed.
- iv) On average H&F (14/30) and K&C (4/21) respondents said the pharmacy did not advertise specific services.

- v) H&F (20/30) said the pharmacist did not advertise the provision of aids and adaptations on a social services prescription. Of the 7 pharmacies in the H&F pilot, 6 advertised this service with an official poster. 1 pharmacy did not because the official poster had not arrived when the mystery shopper visited. H & F only use 7 pharmacies to provide this service.
- vi) K&C shoppers (12/21) said the pharmacies did not advertise the provision of aids and adaptations on a social services prescription. However, K & C have not started issuing prescriptions for aids and adaptations via pharmacies (2 pharmacies are being trained).
- vii) The mystery shoppers reported that although in H&F (26/30) and K&C (18/21) the pharmacies visited had consultation rooms, only 16/26 in H&F and 15/21 in K&C were accessible.

5. Community Pharmacy Patient and Public Advisory Group (PPAG)

The Community Pharmacy Patient and Public Advisory Group (PPAG) is a group made up of 'individual' and 'organisational' members. It was established by Merton, Sutton, Wandsworth and Croydon Local Pharmaceutical Committees to improve the self management of long term conditions for both patients and carers.

Its terms of reference are to promote public understanding of and involvement in the development of local community pharmacy services and its relationship within primary care, to improve the self management of long term conditions for both patients and to advise and help design better integrated care pathways through multi- professional collaboration and practice. Mr Rudi Page is the current facilitator for the K&C advisory group and also in H&F - once the approval from the local Pharmaceutical Committee has been given. The results of the report will be communicated via Rudi to the PPAG.

We recommend that there should be a disabled patient representative on the local NHS Advisory Group on Pharmaceuticals Services to ensure accessibility remains on the agenda. Having a disabled representative member in the group will help ensure the needs of disabled members of the community are not overlooked.

6. Recommendations

Our questionnaire based research coupled with our mystery shopping suggests the following improvements are required to improve the accessibility of pharmacies for disabled people:

1. Pharmacists should explain to all patients how to take their medicines
2. Pharmacies should know where blue badge holders can park close by

3. Pharmacies should ensure customers can get in without help (e.g. by removing steps where feasible, providing a ramp and/or by providing clear information on how to ask for assistance).
4. The PCT should monitor whether every pharmacy is step free and consider whether NHS services for all can be commissioned from them
5. Pharmacies should ensure customers can move around the pharmacy without help (e.g. by removing steps where feasible, providing a ramp within the pharmacies and/or by providing clear information on how to ask for assistance if needed)
6. Clear signage should indicate the provision of a private consultation room
7. Pharmacies should ensure consultation rooms are wheelchair accessible
8. Pharmacies should advertise the provision of all NHS pharmacy services clearly
9. LBHF and RBKC should provide further information in the community on aids and adaptations
10. Pharmacies with patients with a learning disability should liaise closely with the patient's GP to ensure that annual health checks are followed up appropriately
11. We recommend a disabled patient representative should be on the NHS Advisory Group on Pharmaceuticals Services to ensure accessibility remains on the agenda.

8. Next steps

Following the write up of this project, the report will be sent to the commissioners in H&F and K&C during the first week of December.

The findings and recommendations of the report will be discussed with commissioners at a public meeting on Monday, the 12th December 2.30pm-4.30pm at the Irish Cultural Centre, 3 Blacks Road, Hammersmith, W6 9DT.

9. Appendices – See Appendices document

