

Subject: The role of the Pharmacy in Newham

Source: Healthwatch Newham and North-East London Public Pharmacy Partnership User-Engagement on 13 February 2014

Background and Introduction: Healthwatch Newham hosted the user engagement event and marketed it widely in the press and networks. NELPPP approached HWN in December 2013, for a co-production event on the place of the Pharmacy.

The feedback within this document is the voice of Newham residents and their views on what a Pharmacy should be. It was acknowledged that there is a pharmacy on most high streets and they had a significant place in improving the health and wellbeing of Newham residents.

LBN Public Health Officer Andre Pinto outlined the frequent health problems the population Newham has including one of the highest rates of tuberculosis and diabetes in the UK. Hemant Patel, Chaired the day identified the commissioning and funding of Pharmacy is changing and the pharmacy can assist the CCG and Council in improving the health and care in the community.

Over 50 Newham residents attended the event; there was appreciation for the opportunity to meet Healthwatch Newham and their local Pharmacists to improve local services for local people.

Overview: Pharmacies have a presence in the community; most high streets have a Pharmacy. With the urgent move towards community based prevention of poor health to address the extensive health inequalities and high social deprivation what the Newham Pharmacy can do in association with commissioners and providers. The Pharmacy is a community asset and could take on some of the roles of the GP especially in an environment of a shortage of 80 GPs in Newham and difficulty in GP access.

Workshop 1

a.) How can we create a culture where the public in England are aware of and utilise fully the range of services available from their local community pharmacy now and in the future?

NHS England prompt - community pharmacy teams as the first port of call for minor ailments and better use of community pharmacy for the management of stable long term conditions

- Prevention is a key area for pharmacies
- Pharmacy as a one stop shop- may be unrealistic
- Have specialist pharmacies in the borough with an uniformly high standard

b.) Do you want to discuss your condition with one other professional and this information to be accessible to all relevant professionals?

- Need patient consent to have access to their medical information
- Why should council promote services when NHS benefit
- Sharing knowledge
- Patient partner groups
- Seminars for customers from pharmacies
- Summary of pharmacy quall
- Pharmacy suggestion boxes
- Urgent care- access to all medical records
- Needs to be accessible
- Have separate rooms (privacy)
- Have treatment rooms to provide urgent care
- Build relationships with the local people
- Open and would collapse due to abuse afflicted on it
- Should be given power to give prescriptions

Recommendation: every Pharmacist has the facility to see a customer in a separate room to discuss a health concern. The GPs and Pharmacist ought to have open dialogue where necessary.

NHS England prompt - community pharmacy teams as the first port of call for minor ailments and better use of the community pharmacy for the management of stable long term conditions.

c.) Where a pharmacist can provide a service competently, would you like the pharmacists to provide this service?

- Pharmacy as triage for minor conditions
- Will the pharmacists have time
- Access when not well not just sick
- Minor ailments service should be available in all pharmacies
- Premises should be accessible to all population
- Pharmacists should make home visits to provide minor ailments to those homebound but, do pharmacists want the extra walk

d.) What would be considered as a minor health problem?

- File line between minor ailments and critical conditions
- Advertising-making people more aware
- Being redirected by hospitals/doctors to pharmacies
- Minor ailments such as cough/cold/stomach bugs/cuts
- Serious issue defined as bleeding/haemorrhaging/broken bones

e.) Would the same apply to a child or elderly relative?

- Child- Yes for minor ailments, already sort of happening
- Child to be referred to paediatrics is necessary
- Elderly- Yes to minor ailments

- It is up to pharmacists to say you need more attention and refer to GP

f.) Have you used the pharmacy for these services?

- Some have used pharmacy for advice, was effective
- Unsure about substance misuse and needle exchange, are they qualified?
- It will put more pressure on the pharmacist
- Faith in the chemist, good confidence and relationship with them

Recommendation (and NHS England prompt): better marketing of clinical and public health services to ensure the public and patients are fully informed of the range of services that community pharmacies offer

- Premises improved for visually impaired, disabled ECT
- What about outside the pharmacy i.e. Pavements
- Pharmacists should talk to local schools about health issues
- Local council promote
- People who don't know what pharmacists provide
- Work with schools
- Notice boards in pharmacy
- Information advertised on TVs
- Better and simpler wording, terminology can be confusing
- ESOL
- Use volunteers

How the public expects pharmacists to work together with GPs, hospitals, community nurses and care homes to improve health outcomes

- Hospital records need to be accessible to meet public needs
- Discharge records made by email
- Repeat prescriptions from pharmacist
- Pharmacists can visit patients that are homebound
- Health checks in the community pharmacy
- All patients with long term conditions will have some kind of mental health issue
- Shared records with patient consent to the appropriate professional.
- Pharmacist promote ownership of self care of pharmacy

Workshop 2

a.) How can the way we commission services from community pharmacy maximise the potential for community pharmacy to support patients to get more from their medicines?

- i.) National versus local commissioning - should local people be determining what services people can receive locally or should this be a decision made nationally?
- ii.) What services would you like to receive from your community pharmacy to improve the health of your borough? Should this be provided by all pharmacists?
 - Nationally but reflect local needs

- Ongoing support services
- Pharmacies reach certain standards
- Standards be national
- Pharmacy could bring in specialist pharmacist
- National framework for some services
- Local services based upon evidence
- Depends on size of pharmacy to how it can meet local needs
- Whether Pharmacies are in the right place locally and whether we have the right number
- Premises fit for purpose of the community
- Patients should be educated on their disease
- Face to face contact is essential
- Joined up approach with patient confidentiality
- Ways in which better alignment of the Community Pharmacy Contractual Framework and the General Medical Services contract could improve outcomes e.g. management of repeat medicines and medication review
- How people can work together e.g. Doctors, social workers, Pharmacies
- Professions are divided but save and cut some services out
- Shared information and line
- Allow pharmacies to add to patient records
- Medication discussion-“qualified people” have to take responsibility

b.) The balance of medicines supplies role and provision of clinical services. Should pharmacists provide a pharmaceutical care plan as part of a patient care plan?

- Yes, services will improve early diagnosis e.g. Healthcheck
- Patients should be assigned to pharmacist like you are with the doctor
- Most efficient in the best interest of the patient
- Have an Integrated care pathway, avoid duplication of a service

c.) How can we better integrate community pharmacy services into the patient care pathway?

ci.) How can the pharmacy have access to the primary care records to improve patient care?

- Can check health problems e.g. allergies or other medicines you take, and inform patients of any problems that may occur if they take the prescribed medicine.
- Pharmacists should be able to write notes on summary care records
- Am an articulate do not want my medical records shared

cii.) Better management of ‘high risk’ or vulnerable patients

- Ensure they feel safe and comfortable consulting with the pharmacist
- Keep confidentiality- use consultation rooms

ciii.) How collaboration on a population basis can support the delivery of better outcomes

- Patient choice is important
- Pharmacist needs to leave the pharmacy and visit those house-bound, get out into the community and build trust with the patients
- Want personal care rather than a machine
- Will free up pharmacist time to provide more services
- Will need specific and purpose built machines

Report completed 23/04/2014.