



**Isle of Man
Government**

Reillys Ellan Vannin



Community Pharmacy Public Consultation

DEPARTMENT OF HEALTH & SOCIAL CARE

November 2019

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Foreword

The Department of Health and Social Care (DHSC) consulted Isle of Man residents on the use of community pharmacies on the island, and the development of services within pharmacy for the future.

The island has twenty-three community pharmacies and these are independent contractors to the DHSC.

The services provided within the community pharmacies and the terms of service for the pharmacies are set out in the Pharmaceutical Services Regulation 2005.

Community pharmacies provide essential services to the population including the provision of medicines on prescription, and advice and support on a wide variety of health topics.

In addition, the DHSC commissions' pharmacies to provide certain additional services to support patients and these include the supply of emergency hormonal contraception, the supply of medicines under the Minor Ailment Scheme and needle exchange functions.

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Executive Summary

The decision to consult on community pharmacy services was based on two key reasons:

An informal public consultation on the use of pharmacies and satisfaction with the services provided has not been carried out for many years, and it is crucial that the DHSC is content that the population are receiving good quality service from the Islands pharmacies. DHSC must be assured by various mechanisms that the governance and practices within community pharmacy are safe and taking the public's views is one of mechanism for this.

In many areas of the UK community pharmacy is undertaking expanded roles to relieve pressure on other services and to utilise the skills of this sector of the healthcare workforce. At present, the DHSC is in the process of reviewing its provision of urgent care and it is possible that pharmacy could play a key role in this going forward, therefore undertaking to understand the population's use and acceptance of pharmacy is important.

Introduction

The consultation was open to the public for a period of four weeks from 23rd July to the 20th August 2019, and was publicised by way of a news release and posts on social media.

The consultation documents were made available online on the Isle of Man Government Consultation Hub, links on social media, along with paper copies available in public places such as the GP surgeries, all community pharmacies and libraries.

The paperwork for the consultation comprised of a questionnaire with an introductory section and sixteen specific questions on the way in which patients access community pharmacies at present e.g. time of day, day of the week, reason for choosing a pharmacy.

The questionnaire then went on to ask questions of the public to assess if they know of the thirteen currently available services within the pharmacy and if they used them.

Finally, the respondents were provided with a selection of twelve possible future services (including a description of each) and asked if they believed that each one should, or should not, be available and if they would personally consider using it.

Respondents also had the opportunity to raise any issues or concerns in relation to their experiences within pharmacy on the island.

1. Consultation

1.1 Responses received

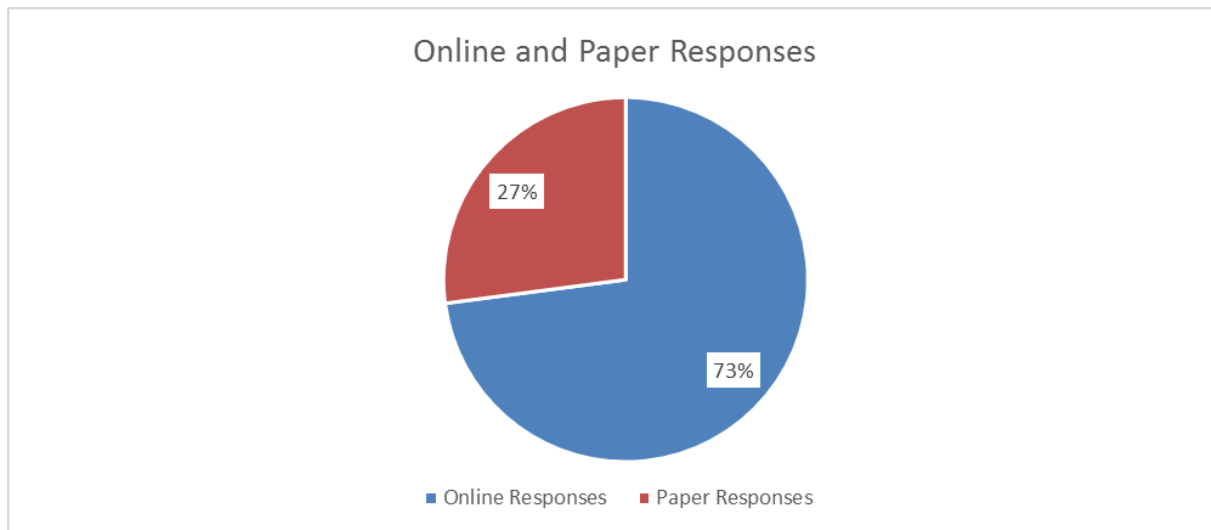
Total number of responses included in the analysis:	Total number of responses from individuals:	Total number of responses from organisations:
325	320*	2*

*Three of the forms left this question unanswered.

Total number of online responses:
237

Total number of paper responses:
88

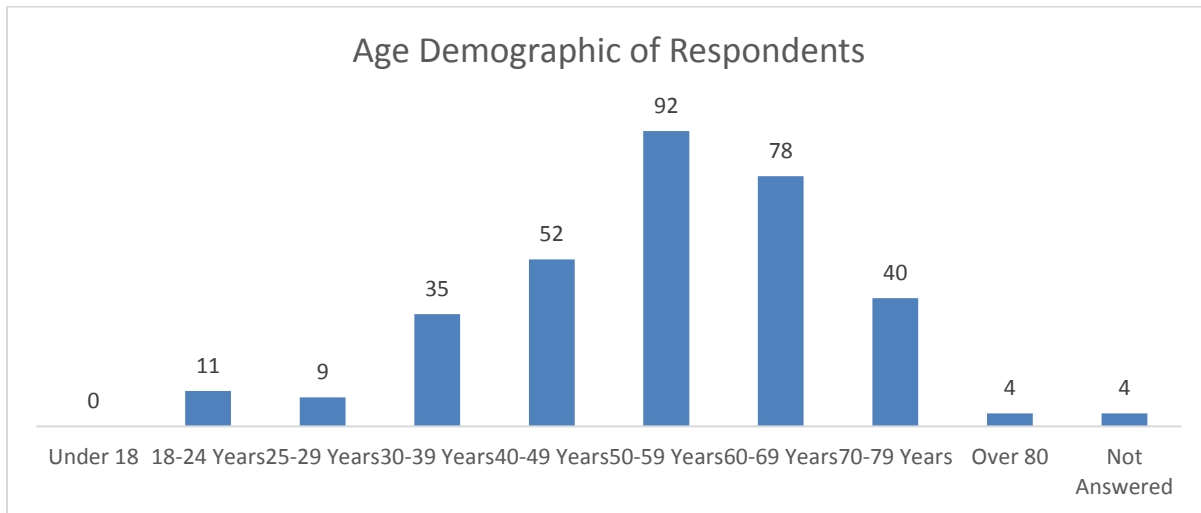
The distribution of paper and electronic submissions can be seen below:



2. Consultation results

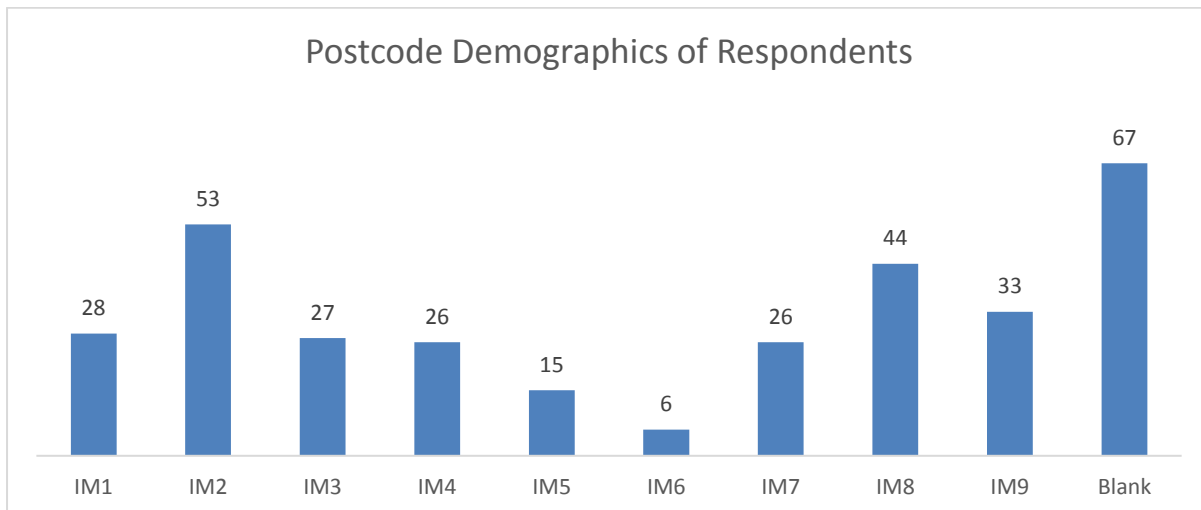
Question 1: Age of respondent

The demographics of the respondents is weighted towards the middle age and elderly population, which may skew any results on new services, but may be reflective of the age of patients who most frequently access their community pharmacy.



Question 4: Postcode of respondent

The respondents represented a good spread of postcodes indicating that the results offer us a reasonable spread of attitudes across the island.

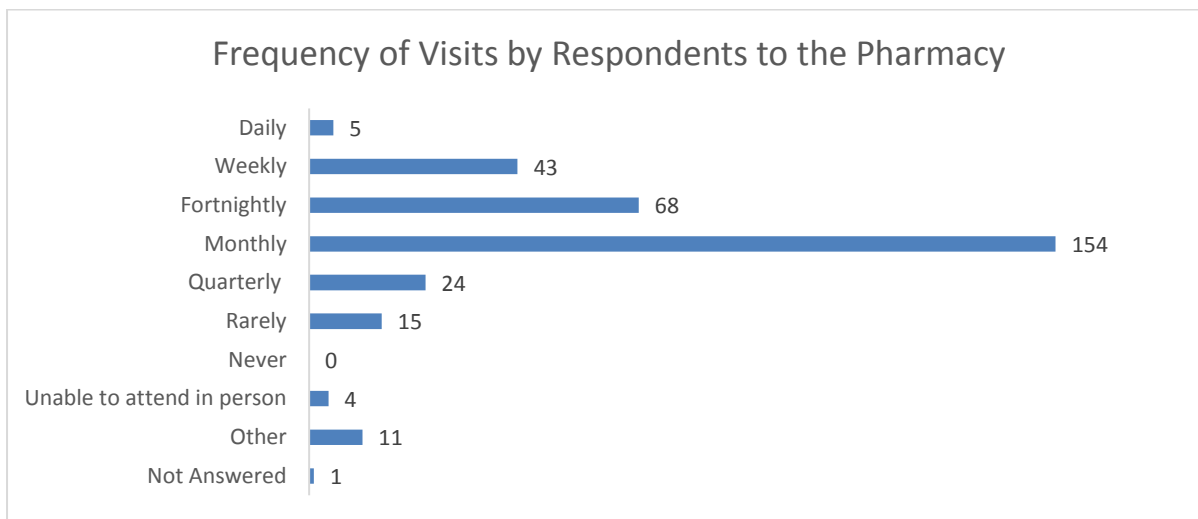


3. Visiting and using pharmacies.

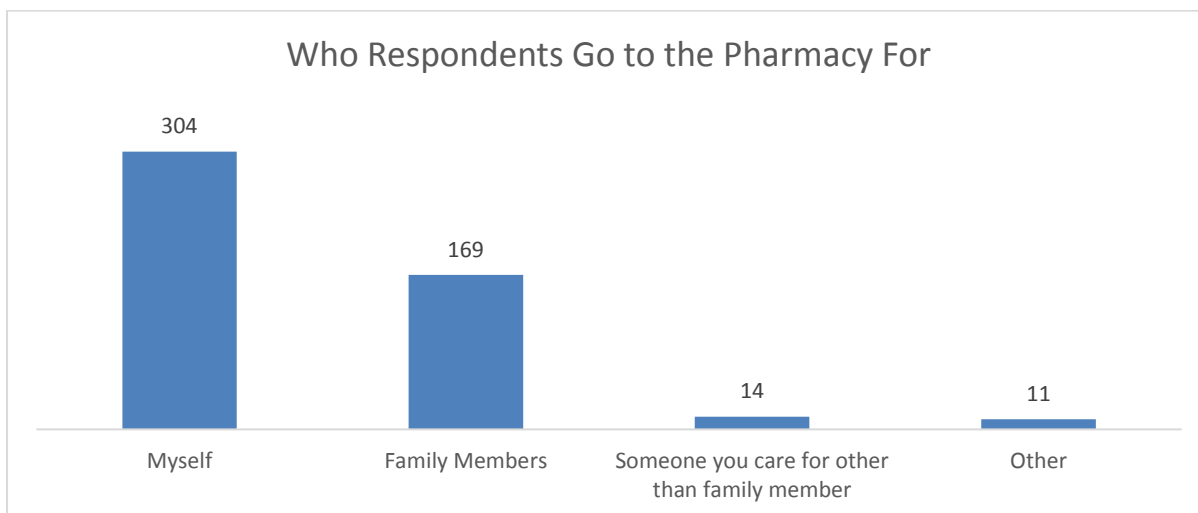
Question 5: How often do you visit a pharmacy?

The following questions were asked to obtain a picture of how people access pharmacies and the frequency of visits as this could potentially have an impact on the future of urgent care provision in pharmacies.

It was notable that the largest proportion of people visit their pharmacy monthly given that most people receive prescriptions monthly, however when the results are combined 83% of respondents use their pharmacy 'at least monthly' and 15% of respondents visit a pharmacy at least once a week.



Question 6: Who do you use the pharmacy for?

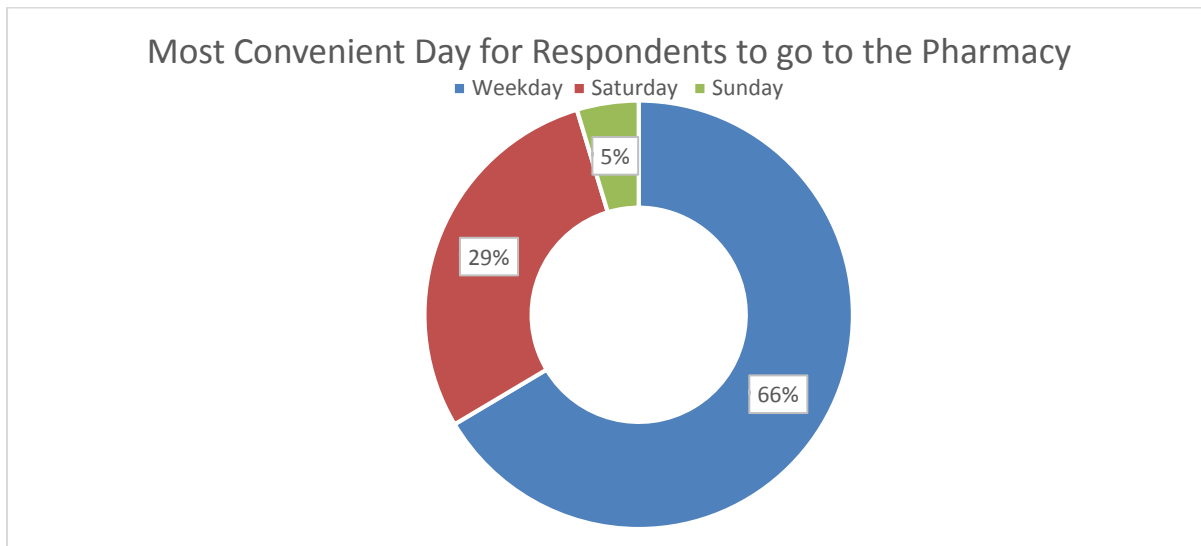


The two questions below were asked to inform the DHSC if patients were currently satisfied with the provision of access to pharmacies.

Question 7: When would be the most convenient day for you to use a pharmacy?

The community pharmacies on island do operate a rota system for Sundays and Bank Holidays and to date DHSC have not received requests from patients or other healthcare professionals to extend full opening hours on Sundays and Bank Holidays.

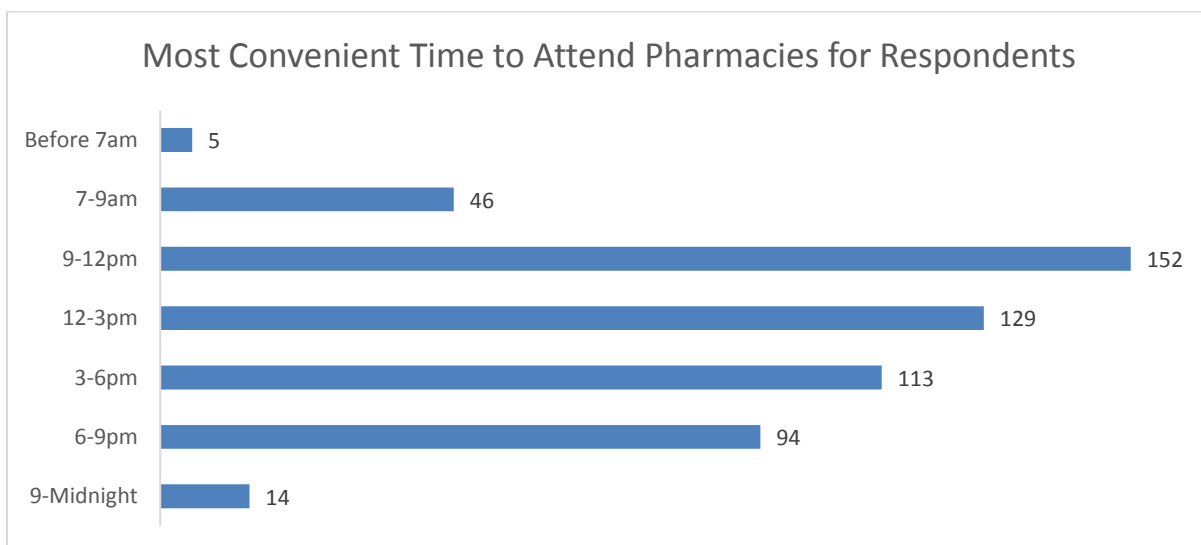
This hypothesis is supported by the data below indicating that 95% of respondents find it most convenient to access their pharmacy on a weekday or Saturday.



Question 8: When would be the most convenient time for you to use a pharmacy?

33% of the respondents stated that it would be most convenient for them to access a pharmacy between the hours of 6pm and midnight, however it should be noted that only 4% would prefer a late night pharmacy to be open between 9pm and midnight.

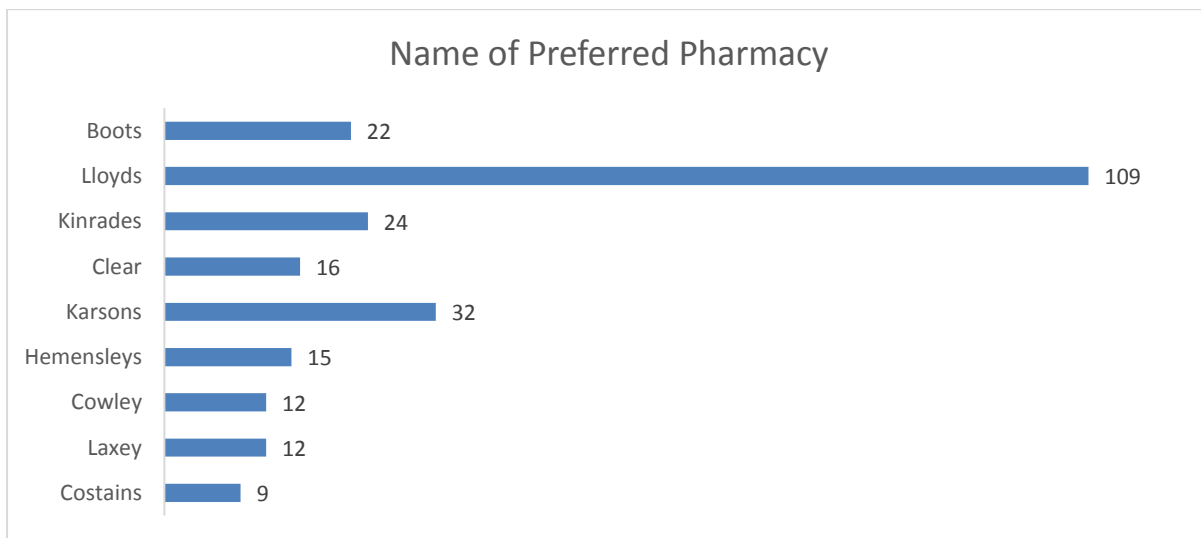
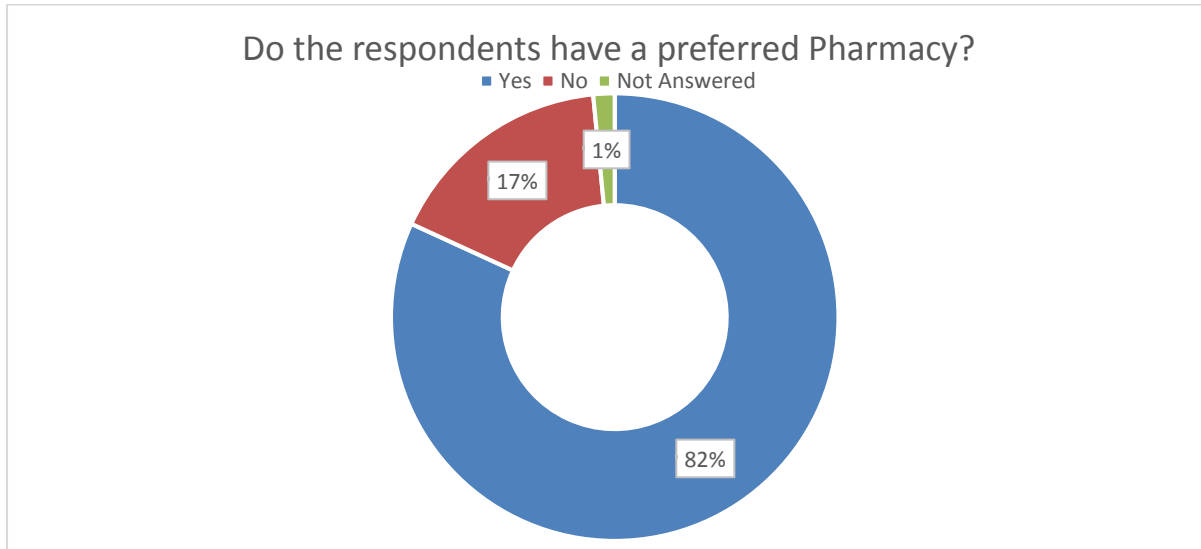
At present, we have no 'late night' pharmacies open between 6pm and midnight. This provides a challenge to the DHSC in terms of its provision of late night pharmacy opening on island and further consideration will be given to this issue.



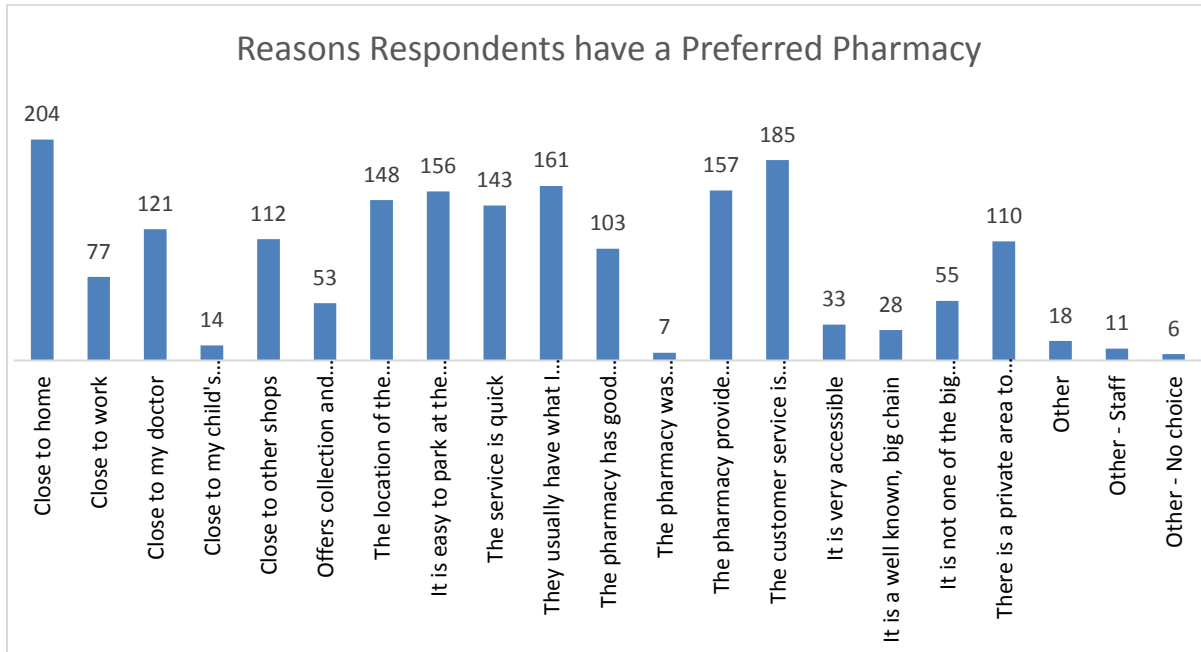
4. Your choice of pharmacy.

Question 9: Do you have a regular or preferred pharmacy that you use?

The questions below were asked to inform the Department about the behaviours of the respondents; with 82% of respondents choosing a preferred pharmacy, this suggests an element of trust and relationship with that pharmacy.

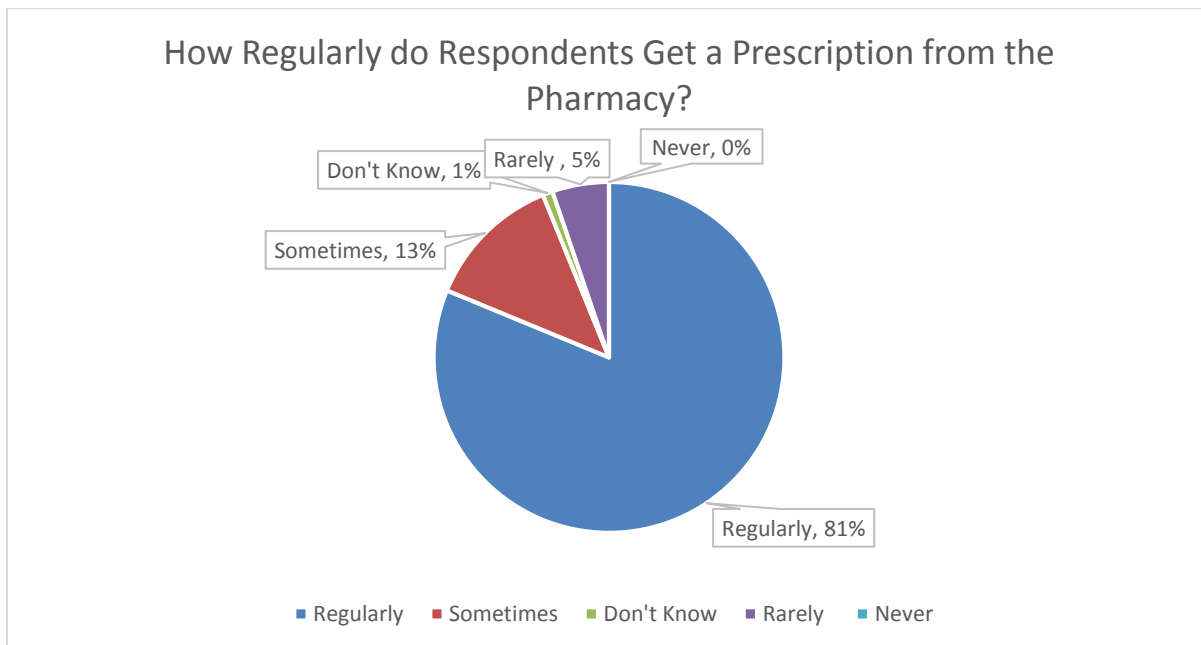


Question 10: What influences your choice of pharmacy and why do you use this pharmacy?



5. Medication and prescriptions

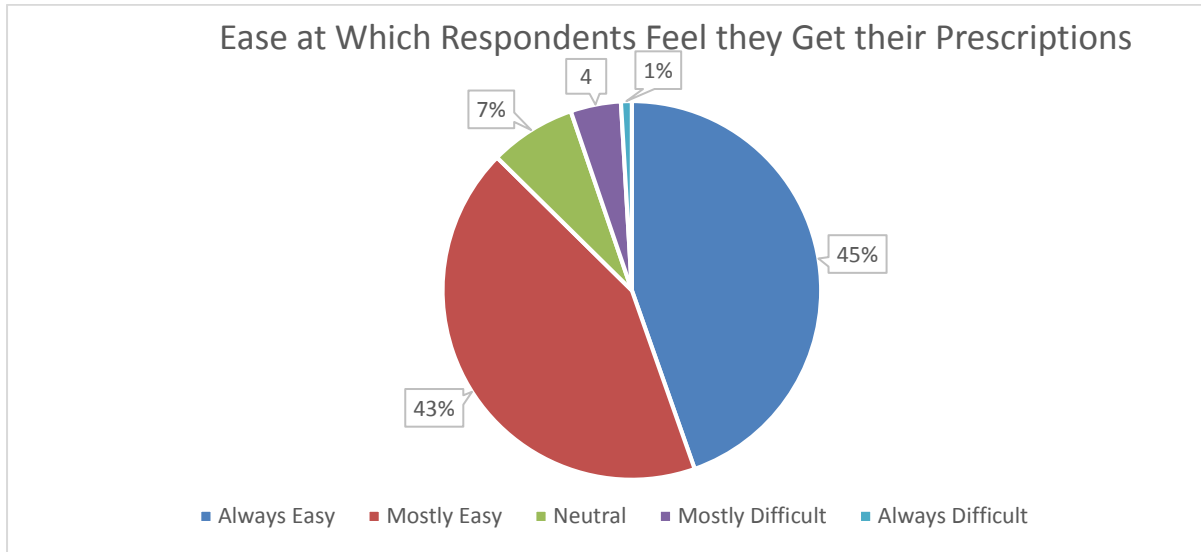
Question 11: How often do you obtain prescription medications from your pharmacy?



The following two questions were posed to attempt to ascertain respondent's perceptions of the service they receive.

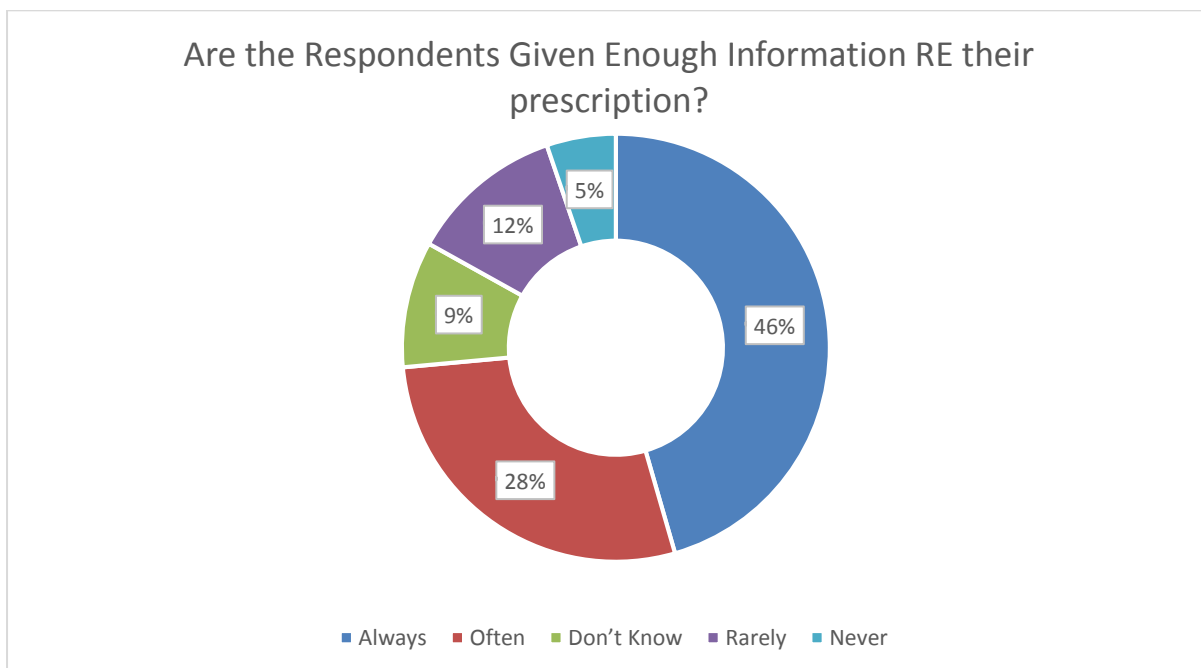
88% of respondents stated they found it 'always easy' or mostly easy' to access the prescription medicines, however 12% of respondents were not satisfied or were neutral. This does highlight an area for improvement in this key function of pharmacies.

Question 12: How would you rate the ease of obtaining the medications?



Question 13: Do you feel you are given enough information about your medication by the pharmacy staff? This might include dosage, side effects, storage of medicines

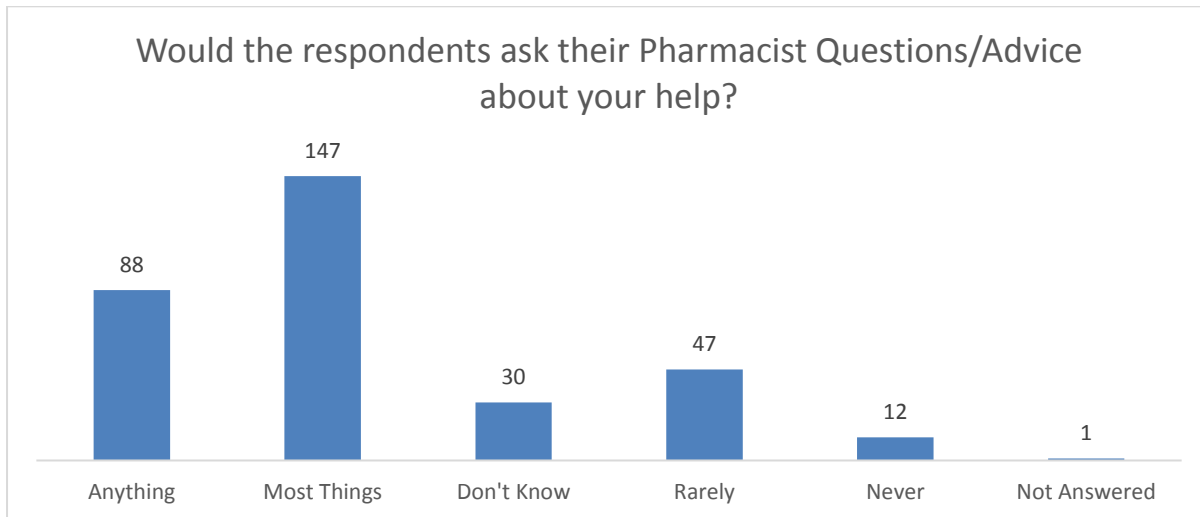
Part of the service provision when dispensing a prescription is to ensure the patient is fully informed about their medication and supported in knowing how and when to take their medicines, and any side-effects that may be possible. 74% of respondents stated that they 'always' or 'often' receive sufficient information, this suggests there is some room for improvement.



6. Advice

The next four questions were posed to attempt to understand behaviours of patients within the pharmacies, in the hope this would inform which services would be accepted and utilised in the future. It was very positive to see that 72% of respondents were happy to discuss 'anything' or 'most things' with their pharmacists which indicates a level of trust in these professionals.

Question 14: Would you ask your pharmacist for advice about health issues, and if so what type?

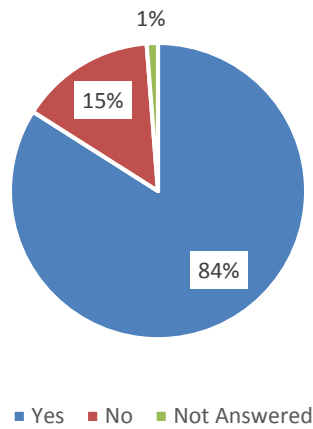


Regarding the types of issues that respondents felt uncomfortable discussing with their pharmacists the responses were not completed in a large number of cases.



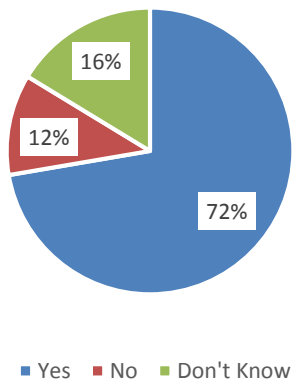
Question 15: Are you aware there is a private consultation room at your pharmacy?

Are respondents aware of a private consultation room at their pharmacy?



Question 16: Would you be content to discuss something private with your pharmacist?

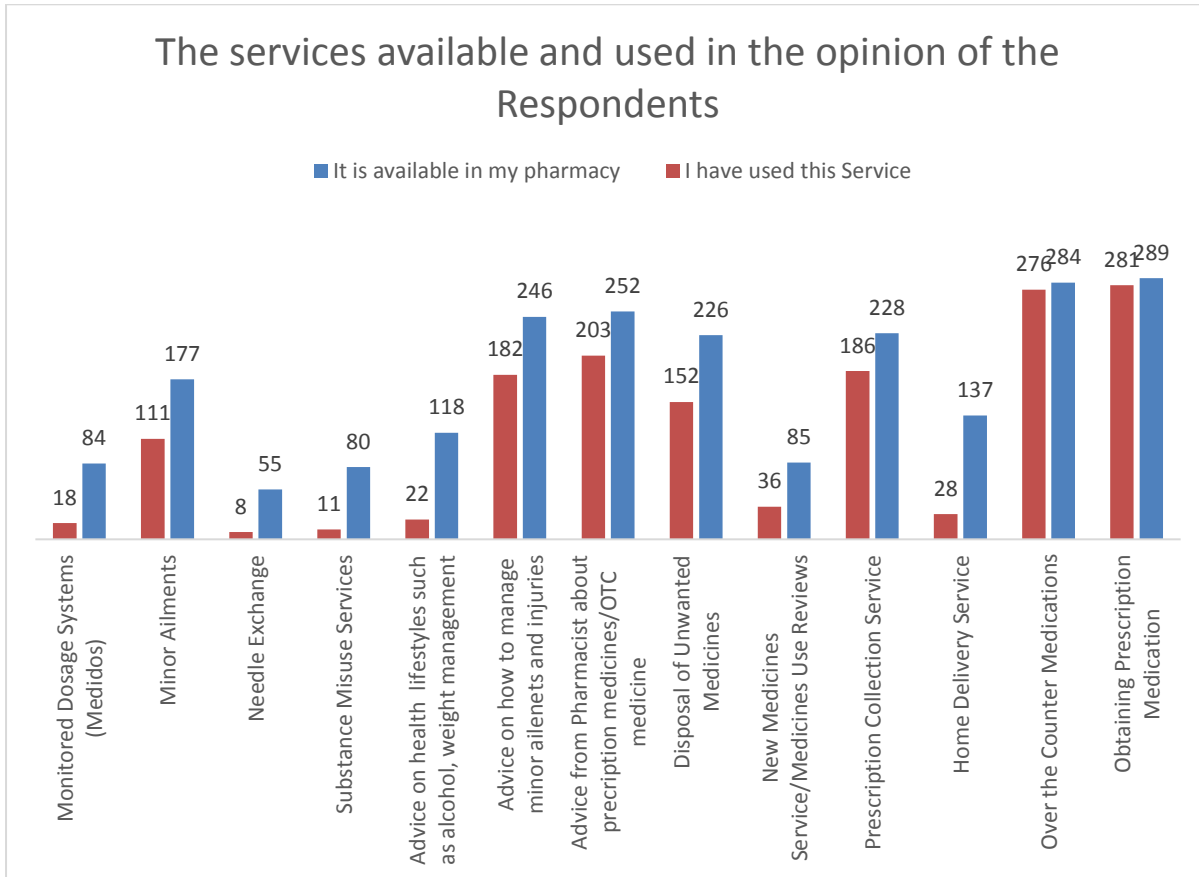
Would respondents discuss private issues with their pharmacist?



7. Services currently available and used.

Question 17: To the best of your knowledge, what services are available in your pharmacy and which services have you used?

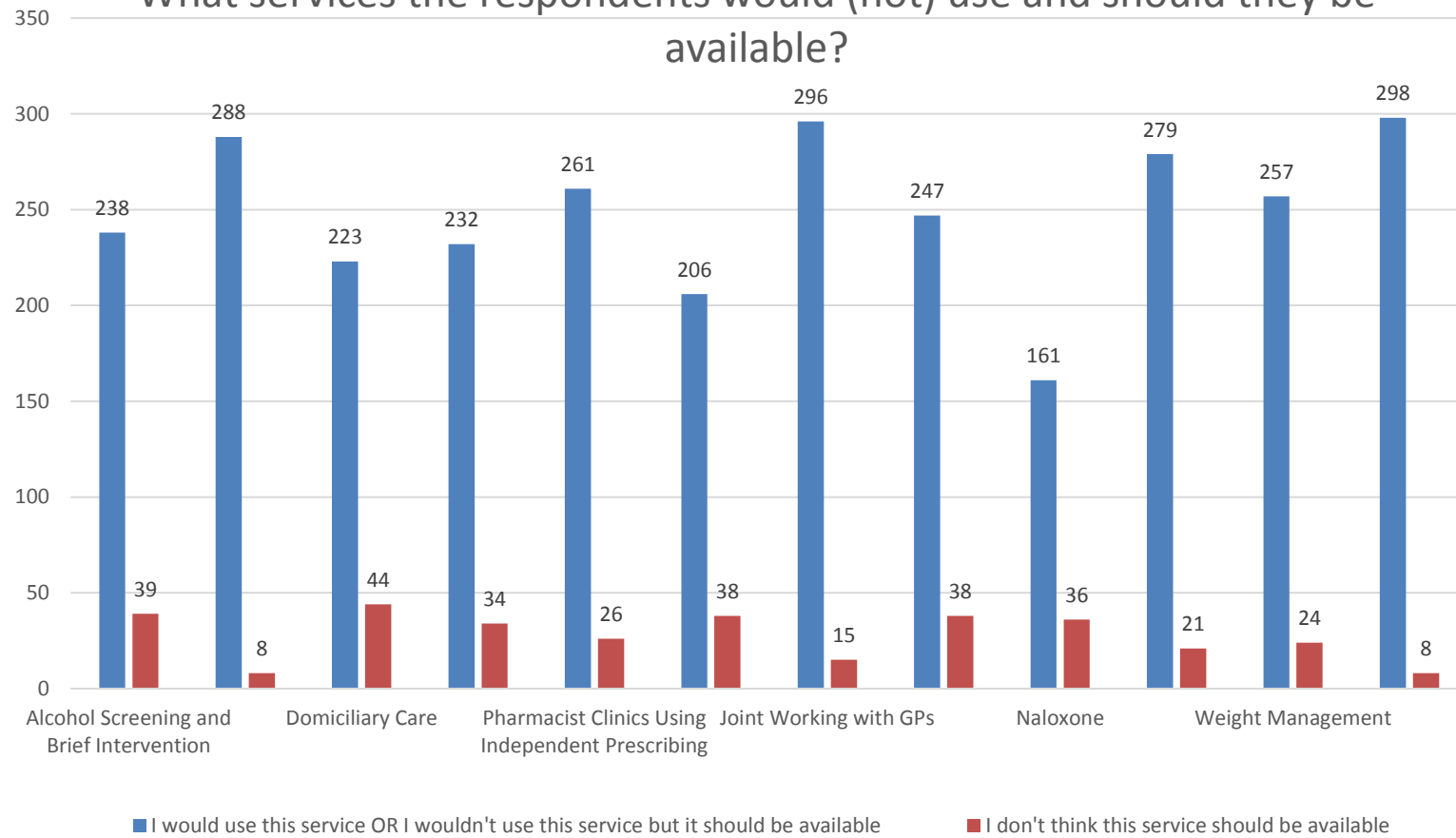
The set of questions relating to current services do not present any surprises, but one area that appears to be underutilised is the advice on healthy lifestyles and signposting as, only 22% of respondents stated that they had actively engaged in this with pharmacy staff. This is valuable feedback that, further consideration will be given to when developing pharmacy services.



Question 18:

The responses from this suite of questions have been presented below in terms of 'positive' responses to the service in blue and 'negative' responses to the service in red. The descriptors of each service can be found in Appendix 1.

What services the respondents would (not) use and should they be available?



The responses to the potential future services was widely positive for most suggestions. In terms of the most positive responses received, the following were voted for with high ratios of positivity:

- Winter Ailments Service
- Joint working with GPs
- Digital Minor Illness Referral Service

However given the high rates of positive response all of the services will be considered.

8. Qualitative data

Compliments and positive comments

- 1) Some patients were overwhelmingly positive about their local community pharmacist and the service they receive.
- 2) Some patients stated that their pharmacy is their 'first port of call'.
- 3) Some pharmacies were singled out as providing excellent care and going the extra mile for their patients (these pharmacies have received this feedback individually).

9. Criticisms

The public were repeatedly raising the issues below:

- 1) Some patients who live in Ramsey and require medication feel there are constrained by needing to use a Lloyds pharmacy.
- 2) Stock shortages are a problem and patients currently have to try two or three pharmacies in order to find their medication; unfortunately some patients do not believe they are being supported when trying to locate stock of the required medicines.
- 3) There can sometimes be conflicting advice given to patients between pharmacists and GPs, which can be confusing.

10. Suggestions for improvement.

The public raised some very valid and useful points in their comments, and a summary of the themes is below:

- 1) Easily accessible information about what pharmacists can currently provide would be useful, as many people are unaware of what can be done in the pharmacy.
- 2) Later opening pharmacies and more pharmacies open at weekends and Bank Holidays may prevent some people having to attend MEDS and would be more convenient for patients who work.
- 3) If pharmacists could provide prescribing services many patients could see their pharmacist for self-limiting conditions and minor ailments, and GPs could refer patients to these services.
- 4) If pharmacies could manage the repeat prescribing of stable conditions and low risk medication, such as blood pressure treatment this could save GP time.
- 5) A commercial pharmacy – like those available elsewhere – should be available in the hospital, thus saving the patients need to travel for medicines

Conclusion / Recommendations

Thank you for your input into this public consultation. The responses have been hugely informative and have indicated some areas where general support for the population could be improved, including advice to patients and making the public aware of what pharmacists could provide for them.

The DHSC will take time to consider the findings of the consultation and review the comments and themes which have emerged, in order to carefully consider any possible future developments for community pharmacy.

Maria Bell
Pharmaceutical Adviser, DHSC.

References

1. [NHS England. 2015. Quick Guide: Extending the role of community pharmacy in urgent care. https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/quick-guid-comm-pharm-urgent-care.pdf](https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/quick-guid-comm-pharm-urgent-care.pdf)

Appendices:

Question 18 - Descriptors of potential future services

1. Alcohol screening and brief intervention – Alcohol screening generally involves a number of questions to help determine the health risks of your current alcohol intake. The service will identify higher-risk and increasing-risk drinking and provide brief interventions to motivate individuals to take positive action and help them modify their drinking patterns. The pharmacy will provide referral to specialist services if necessary.
2. Minor Illness Referral Service (MIRS) – Appropriate patients are advised to attend the pharmacy for a consultation by other healthcare professionals. As part of the consultation, the patient receives self-care advice on the management of the condition and relevant printed information. If the patient requires treatment, this can be sold over the counter or supplied via a locally commissioned minor ailments service (if available).
3. Domiciliary Care – Medicine use reviews (MUR's) are carried out in the patient's home for those who are unable to visit the pharmacy. These can identify issues such as problems swallowing tablets or using eye drops or inhalers incorrectly, and can help patients manage and understand their medicines better. The pharmacist can also make referrals to other services as appropriate.
4. Falls Prevention – This service aims to reduce the likelihood of falls by identifying patients at risk. Their medicines can be assessed and optimised to reduce their falls risk, and the pharmacist can directly refer them to appropriate practitioners for further risk-management.
5. Independent Prescribing – Some pharmacists have prescribing rights in the same way as some Practice Nurses. Pharmacists could hold clinics or be directly referred to by GPs to provide consultations and prescriptions where applicable.
6. Intervention Service – This will help pharmacists to identify, classify and document medication-related problems and interventions and ensure that all important information is effectively communicated with other healthcare providers and/or patients, where required.
7. Joint Working with GPs – This service enables GP reception staff to book fixed time appointments for suitable patients (depending on their symptoms and conditions) at their local pharmacy as opposed to waiting for an appointment at their GP practice. Suitable patients will have a consultation with the pharmacist and provision of advice and/or medicines will be supplied to patients through the locally commissioned Minor Ailment Scheme and Patient Group Directions, as well as offering signposting or referral back to the GP practice as appropriate. The service also supports other planned patient appointments on a pro-active basis such as regular check-ups (for example, physical monitoring for patients taking oral contraceptives), long term condition management (such as blood pressure), and specific condition management clinics to assist with polypharmacy and compliance.
8. Mental Health – Whether it is spotting early signs of mental health problems, managing long-term conditions, providing expert medicines advice to colleagues or signposting to other forms of support, pharmacists working across the health service are ideally-placed to ensure people get the help they need.
9. Naloxone – Naloxone is the emergency antidote for overdoses caused by heroin and other opioids, such as methadone, morphine and fentanyl. People working in drug treatment services could, as part of their role, supply injectable naloxone to anyone for the purpose of saving a life in an emergency.

10. NHS Health Check – The aim of the NHS Health Check programme is to offer a straightforward risk assessment for diseases including heart disease, kidney disease, diabetes and stroke. Patients who are not currently being treated or monitored for these types of cardiovascular diseases can be screened to discover their risk through measurements of things like BMI and blood pressure, completion of a questionnaire and finger-prick blood testing for cholesterol and diabetes.

11. Weight Management – Pharmacy staff will initiate discussions with adults, who appear to be overweight, about the health risks associated with obesity; an offer to determine their Body Mass Index (BMI) and waist measurement will be made.

Appropriate advice and support will be provided to those at risk of ill health due to being overweight or obese to help them to modify their lifestyle and risk.

12. Winter Ailment Service – The purpose of the Community Pharmacy Winter Ailment Service is to ensure that patients can access self-care advice for the treatment of winter ailments (illnesses) and, where appropriate, can be supplied with over the counter medicines (as specified in the formulary), to treat their winter ailment. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their GP or out of hours (OOH) provide

Acknowledgements

Matt Cringle, Senior Pharmacist, Primary Care, DHSC.

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