



Southview Cottage  
Hollybush Farm  
Lanchester  
Durham  
DH7 0SS

30<sup>th</sup> May 2024

Dear Sir or Madam

Re: Stockton Healthwatch pharmacy report

Thank you to Healthwatch Stockton for sharing the report with Community Pharmacy Tees Valley (CPTV) and to those patients who took the time to respond to the survey and discussions within the pharmacies.

Prior to the pandemic there was a large cut in funding to Community Pharmacy which has had an impact on the number of pharmacies that are now trading within the Tees Valley. Over the past few years it has been very difficult for Pharmacy Teams working across the area as it has for everyone with the cost of living crisis as well as availability and changes to the healthcare environment. During the pandemic when they were the only provider who did not change the ability for members of the public to access their healthcare offer and medications. Flexible services were made available to ensure that members of the public could access vaccine services, medicines deliveries and support within their geographical area.

Despite the challenges across the Community Pharmacy network the teams have remain determined in their delivery of good customer experiences with quality interactions key to this goal. This is reflected in the report with the positive feedback received and the enter and view team finding staff helpful and polite. There was a recognition of the volume of work that pharmacies are dealing with by patients.

There is a recognition within the report that at times individuals may need to present to a pharmacy more than once to obtain a full prescription. This is often due to medicines shortages or an increase in the number of patients requiring a specific medication. Nationally the issue of increasing shortages of medicines is recognised and this is out-with the pharmacies control. There are many factors which affect the availability of medicines to Community Pharmacies including availability of raw materials, wholesaler quotas, general supply issues to name a few. At times there is also a requirement that medications are provided to the public and the reimbursement value is less than the cost the pharmacy which means the pharmacy bears the cost difference – again this is being addressed nationally. Staff often spend many hours of the working day sourcing medicines on behalf of patients with varying degrees of success.

Team members, including pharmacists, are being attracted to better paid posts, with shorter working hours and less pressure, elsewhere in the healthcare system. The system itself has not put plans in place to mitigate against this; pharmacies are finding it very difficult to recruit replacements meaning that often they are operating on reducing staffing levels and, ever increasingly, with locum pharmacists.



The professionalism of a pharmacist as a healthcare partner is identified and those within the report who have accessed Pharmacy First services gave positive feedback. The standards of advice provided have been assured by both the NHS nationally but also many medical and other healthcare professionals. The training requirements gives greater reassurance as to the ability of Pharmacists to deal with low acuity conditions. GP access as identified has become a challenge for patients and the opportunity to use an alternative healthcare professional in a highly skilled pharmacist can help to ensure that those with more complex conditions can gain appointments for face to face support. The public should be reassured that any individual who is referred to or presents in a pharmacy will be referred to a more specialised healthcare setting should the condition fall out-with their remit and ability to diagnose and treat.

There is a need to utilise the NHS app on a greater scale in order to allow patients to order their medication in good time for action by the GP surgery then transfer to the pharmacy, obtaining of stock then dispensing. This additional time would reduce the amount of time individuals would spend either waiting for prescriptions but also allow full prescriptions to be dispensed at once. There is a need for this process to effectively allow time in the system which is not always recognised by patients or surgeries. Should a pharmacy be unable to fulfil a prescription there should always be a choice given to patient to take the script elsewhere if the medicine is urgent in particular.

There is a plan to have a greater public awareness of pharmacy services across the Region whilst recognising the need to continue to identify the challenges and financial constraints of the pharmacy network.

Once again thank you for sharing the report with Community Pharmacy Tees Valley and should a greater representation be required to address a broader range of pharmacy premises (for example to include supermarkets) then we would be happy to support facilitation of this process.

Kind Regards

Sandie Keall  
Chief Officer  
Community Pharmacy Tees Valley