

Enter & View

**Views & Experiences of
People Accessing
Pharmacy Services**

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About Healthwatch Stockton-on-Tees

Healthwatch Stockton-on-Tees is the health and care champion for people who live and work in Stockton-on-Tees. As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to people's feedback to improve standards of care.

We use feedback to better understand the challenges facing the NHS and other care providers locally, to make sure people's experiences improve health and care services for everyone.

We are here to listen to the issues that really matter to our local communities and to hear about people's experiences of using health and social care services.

We are entirely independent and impartial, and any information shared with us is confidential.

Healthwatch Stockton-on-Tees is steered by a Board of volunteers, commissioned by the Local Authority and accountable to the public. Healthwatch Stockton-on-Tees are the only non-statutory body whose sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak-out on their behalf. The service is managed by [Pioneering Care Partnership](#), a leading third-sector charitable organisation aiming to improve health, wellbeing and learning for all.

As the health and care landscape begins its journey through transformation and recovery plans, we have actively ensured our work is embedded within the local Integrated Care Partnership Board, forming robust mechanisms with partners to ensure that local intelligence is escalated both at a local, regional and national level.

Healthwatch has the statutory right to be listened to:

- Providers and Commissioners must respond to Healthwatch within twenty days of submission of requests for information or reports.
- The statutory power to Enter & View publicly funded health and social care services.
- A statutory seat on the Health and Wellbeing Board.

Executive summary

Through the Healthwatch Stockton-on-Tees information and signposting function it was brought to our attention that people were having difficulty obtaining some prescribed medications and no longer being able to get repeat medication previously used.

Some of the intelligence we received detailed urgently needed medication required for long-term chronic conditions, and the subsequent challenges accessing GP appointments in a timely manner to address concerns and make appropriate adjustments to existing prescriptions.

This information was shared with the Healthwatch Stockton-on-Tees Executive Board and the decision was made to undertake several Enter & View visits at various pharmacies throughout the Borough. This was considered to be the most effective way of gathering additional intelligence from the public, staff and service users.

During the planning process we became aware that the government and NHS England had introduced the Pharmacy First scheme to give patients quick and accessible care and ease pressure on GP services. This scheme enables community pharmacists to supply prescription-only medicines, including antibiotics and antiviral medication where clinically appropriate, to treat seven common health conditions without the need to visit a GP.

In addition to this the 'Think Pharmacy First' initiative is also available throughout the North East and North Cumbria, offering advice and treatment for common conditions.

The focus of this workplan item was to find out how effective people felt Pharmacy Services are, if people were aware of additional services pharmacies provide and if people felt there were ways the service could be improved. We also wanted to know from a professional perspective, what opportunities and challenges could be identified to support effective information sharing, collaboration, and service delivery.

Six pharmacies were chosen based on their location, contractual arrangements, and size, to try to gain a broad overview of public and staff experience of pharmacy services. Our engagement took place from January 2024 until April 2024.

The pharmacies we attended were.

- Norton Glebe Pharmacy
- Boots Pharmacy – Thornaby-on-Tees Health Centre
- Synergise Pharmacy – Stockton Town Centre
- Pharmacy World – Roseworth
- Whitworths Pharmacy – Yarm

- Boots Pharmacy – Billingham

As well as using our Enter & View function, we conducted an online survey, carried out one-to-one meetings and gathered case study information to provide added value to this workplan item.

Our main findings were that people value pharmacy services, and staff were considered helpful and polite. In certain areas people felt access was a challenge, particularly with medication shortages and the need to attend one or more pharmacy service to collect a complete prescription. Some people described difficulties in walking to their local pharmacy due to ill health or frailty.

There was little knowledge of the additional services that pharmacy can provide, with the perception that pharmacists could not provide specialist health care advice, of an equal standard to that of a GP.

Those that had accessed Pharmacy First found the process useful, saving time and avoiding challenges accessing GP appointments.

A clear, joined up approach to communication is needed to ensure the public have the correct information and feel informed about available health and care pathways.

All the feedback gathered has helped to inform recommendations for the local area with the support of Community Pharmacy Tees Valley and will be shared widely at regional and national levels.

What is an Enter & View?

An Enter & View visit is an opportunity for local Healthwatch to see how services could be improved by listening to the views of the people that use them, within criteria set out in legislation.

There are two pieces of legislation which place a duty on health and social care providers to allow a representative of Healthwatch Stockton-on-Tees to carry out an Enter & View.

- The Local Government and Public Involvement in Health Act 2007
- The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

In 2014 the Department of Health Review carried out a review of the organisations that have powers of entry (including Healthwatch Stockton-on-Tees). This review states that there remains a duty on providers of health and social care to allow a representative of Healthwatch to enter certain premises and observe activities.

An Enter & View is an activity Healthwatch can carry out, but not a statutory function, which means Healthwatch Stockton-on-Tees can choose if, when, how and where it is used, depending on local priorities.

Healthwatch Stockton-on-Tees may carry out Enter & Views to contribute to activities in their statutory functions. Enter & Views allow Healthwatch Stockton-on-Tees to:

- Go into health and social care premises to hear and see how people experience the service.
- Collect the views of people using the service at the point of service delivery.
- Collect the views of carers and relatives of people using the service.
- Observe the nature and quality of services.
- Collate evidence-based feedback, based on what people have told them on the day.
- Report to providers, regulators, Local Authority, NHS commissioners, quality assurers, the public, Healthwatch England and any other relevant partners.
- Develop insights and recommendations across multiple visits to inform strategic decision making at local and national levels.

Pharmacy First

Patients can now get treatment for seven common conditions directly from their local pharmacy, without the need for a GP appointment or prescription.

The Pharmacy First scheme was launched by the government and NHS England on 31 January 2024 to give patients quick and accessible care and ease pressure on GP services.

But what does it cover and who will benefit? Here's everything you need to know.

What is Pharmacy First?

Pharmacy First will enable community pharmacists to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions without the need to visit a GP.

What are the seven common conditions?

- Sinusitis for adults and children aged 12 years and over.

- Sore throat for adults and children aged 5 years and over.
- Acute otitis media for children aged 1 to 17 years.
- Infected insect bite for adults and children aged 1 year and over.
- Impetigo for adults and children aged 1 year and over.
- Shingles for adults aged 18 years and over.
- Uncomplicated urinary tract infections in women aged 16 to 64 years.

How can I access treatment from my pharmacy?

You can get treatment for these conditions by walking into the pharmacy or contacting them virtually. GP receptionists, NHS 111 and providers of emergency care will also be able to direct patients to pharmacies which offer the service, if contacted.

What will happen when I arrive at the pharmacy?

The pharmacist will be able to speak to you privately in a separate consultation room. They may perform an examination or ask to access your medical records. The pharmacist will be able to recommend the best course of action on an individual patient basis, including by issuing prescriptions for antibiotics or antivirals where necessary.

How will this reduce NHS waiting times?

By reducing the number of patients with common conditions, needing blood pressure checks or oral contraception visiting a GP, Pharmacy First aims to free up 10 million GP appointments a year by next winter for more complex diagnosis.

This will give GPs time and space to see patients with more complex conditions.

Think Pharmacy First

Pharmacies across the North East and North Cumbria can offer advice and treatment for many common conditions.

This service can be used by anyone living in the North East and North Cumbria and is offered at most pharmacies.

What health conditions are covered as part of this service?

- **Aches and pains**
 - back pain, headache, migraine, muscle ache, period pain, teething, toothache

- **Allergies**
 - bites and stings, hay fever, skin reaction
- **Colds and flu**
 - cough, congestion, sore throat, fever / temperature (including fever following immunisation)
- **Ear care**
 - earache, ear infection, ear wax
- **Eye care**
 - bacterial conjunctivitis, styes
- **Gastrointestinal care**
 - diarrhoea, constipation, indigestion, haemorrhoids (piles), reflux, threadworms, vomiting
- **Head lice**
- **Mouth care**
 - cold sores, oral thrush, ulcers
- **Skin care**
 - athlete's foot, chicken pox, contact dermatitis /atopic eczema, fungal skin infections, nappy rash, pruritis (itching), scabies, warts, verrucas
- **Vaginal thrush**

Background

The North East and North Cumbria Integrated Care System (ICS) is a partnership of organisations including the NHS, local councils, voluntary and community services and education who have come together to provide health and care across our region. This is a new way of working that combines resources, knowledge, and skills, to plan, deliver and join up health and care, with the collective aim to support communities to live longer and healthier lives.

During the transformation of health and care service delivery, new ways of working and initiatives are being implemented to support the recovery of health and care services.

Pharmacy services throughout the years have worked within our communities to ensure patients can easily and safely access the medicines and healthcare advice they need.

As the healthcare needs of the population have evolved, so have community pharmacies. The recent launch of the Pharmacy First service in England is a new initiative to support the rapidly changing demands on health and care, it evidences the growing role that pharmacies can play in the nation's healthcare.

However, Healthwatch Stockton-on-Tees have been made aware of challenges patients face accessing medication, concerns accessing GP services for prescription amendments and public confusion of new processes and pathways available to support improvements to health and care services.

The Healthwatch Stockton-on-Tees Executive Board made the decision to use its statutory function to carry out Enter & View at local pharmacies throughout the borough, to get a better understanding of pharmacy services in the area, speak to service users, the public and professionals, to raise awareness of new initiatives and gather feedback that can support long term sustainable improvements to pharmacy services.

“Government funding for pharmacies has failed to keep pace with ever-growing NHS workload demands and spiralling costs. The pharmacy network is shrinking, and closures are disproportionately affecting the most deprived communities. Without action, patients will find it harder to access the healthcare, expert advice and vital medicines they need.”

“A vibrant pharmacy network can increase patient access, free up GP capacity, and support the NHS as it reduces the care backlog.”

***Jane Harvey Service, Implementation & Peer Support Manager
Community Pharmacy Tees Valley***

In the coming months Public Health Stockton-on-Tees on behalf of the Health and Wellbeing Board (HWBB) will be reviewing the Pharmaceutical Needs Assessment for the area, we want to ensure that the views of local people help to shape decisions now and in the future.

Methodology

Healthwatch Stockton-on-Tees identified six local pharmacies to undertake the Enter & Views. These were chosen with the aim to give a broad view of the experiences of pharmacy services.

We then developed two questionnaires that would help to gather meaningful feedback and intelligence from service users, the public and professionals to find out what was working well within pharmacy services and what could be improved.

Our questions sought to discover:

- The views and experiences of people accessing pharmacy services in Stockton-on-Tees.
- What people thought was working well, what could be improved, and how accessible pharmacy services are.
- We also wanted to know if people were aware of other pharmacy services available and how effective these were, to gather valuable feedback that will inform future service delivery and transformation.

Our engagement took place from January 2024 until April 2024. To ensure this research was accessible we used various methods of engagement to gather feedback. Our mechanisms for gathering feedback comprised of:

- SmartSurvey – two surveys were developed to gain the different perspectives of service users, the public and professionals. This was promoted throughout our networks, via our website, featured in our newsletters and e-bulletins and shared widely with colleagues and partners with direct links to this service user group. This was to ensure that we could generate as much participation as possible for those who may not be able to attend in person or reached by usual engagement methods.
- We conducted Interviews to support information gathering with professionals.
- We attended six local pharmacies within Stockton-on-Tees to provide the opportunity for face-to-face interviews with the public and service users.

The number of people we were able to reach with the use of social media was:

- Newsletter – 448
- Facebook – 2369
- X/Twitter- 801
- Direct engagement through our website – 53

Through conversations and meetings with the public and professionals we were able to engage with **347** people who were able to provide valuable information.

In total we gathered **completed** surveys from

176 Service Users

10 Professionals

In addition to this we captured additional feedback via one-to-one conversations with both service users and professionals.

Enter & View Observations

We conducted six Enter & View visits within Stockton-on-Tees. Throughout the process we were welcomed and supported by staff, who were happy to share their views and experiences with us.

We observed staff being helpful and polite, this echoed in the positive feedback we gathered, there was limited negative feedback.

Some of the consultation rooms were not visible to the public, with limited seating.

Discussions highlighted additional benefits that some pharmacies chose to offer to their service users and were viewed as good practice, these included.

- Text service – to alert people when prescriptions are ready.
- Reminder service – to prompt appointments and repeat prescriptions.
- Wellbeing check in service for people over 90.
- Prescription delivery service.

Survey findings: Summary

What matters most to people in Stockton-on-Tees

Most people we spoke to regularly access pharmacy services either weekly or monthly, we were told quite often medication is not available the first time they attend to collect a prescription, sometimes having to go to another pharmacy or return later to collect missing items. People felt this was becoming an issue more frequently with some medications not available at all.

"I quite often have to make a couple of trips to get a full prescription."

Some people told us that access was an issue, particularly when having to attend alternative pharmacies due to lack of medication availability. Reference was made to people who may not have transport and the costs associated with travel expenses, in general people living in rural locations found access more difficult. However, most people felt they could easily access pharmacy services and did so either on foot or in a car.

We wanted to know what people felt that pharmacy services did well, there was overwhelming feedback that pharmacy staff were friendly and helpful, being honest about the availability of some medication and challenges with supply.

"The staff are very helpful, supportive and caring. They are very busy but always take the time to make sure you're ok."

Text services were described as a positive and useful way to be made aware a prescription is available for collection, saving time and improving efficiency.

As the demand on health and care services increases and recovery plans are implemented, we wanted to know if the public had awareness of other services pharmacies could support with.

40% of people were aware that pharmacies could provide advice about new medication and managing minor ailments, but only a small proportion of the people that we spoke to were aware of Sexual Health Services, Stop Smoking advice/service and the supply of a limited amount of medication in an emergency.

People told us that they would access these services if they had known, rather than contacting 111 or their GP as they felt services were stretched and access to GP services was becoming more difficult.

"I was not aware of all the other services; it is good know so I don't have to put pressure on other services."

There was concern raised about the privacy of discussions with pharmacists, people told us that they did not like their personal details being called out.

Most people told us that they would talk about general ailments or concerns but did not feel comfortable asking for advice on more personal matters. Some people we spoke to did not see the role of the pharmacist as a specialist service and felt greater reassurance with a GP.

Throughout the Enter & View process there was increasing observation of the demand on pharmacy services, this view was reflected by the public in the feedback we gathered.

"I feel sorry for them, they are so busy."

We asked what other services people felt would be helpful to access at a pharmacy, we were told.

- Access to the voluntary and community sector via signposting.
- Health checks – including height and weight, results to be saved on a central system that other health professionals can access, avoiding unnecessary time in hospital appointments.
- Long-term chronic condition advice and support – avoiding repeat hospital visits.
- Vitamin B12 injections.
- Planned regular blood testing for those managing long term health conditions.

We wanted to use this opportunity to find out what areas of pharmacy services the public felt could be improved, privacy was raised regularly as an ongoing concern.

Better communication between pharmacy services and GP practices, would be viewed as helpful, with increased staffing and extended opening hours.

Some pharmacies in the borough offer a text service, this was seen as a very useful way to communicate and avoid lengthy waits and wasted visits.

Pharmacy First Survey Summary

During this workplan item we were made aware of a new government initiative called Pharmacy First. The decision was taken by the Healthwatch Executive Board to use this opportunity to gather additional information from the public and professionals, to determine how this was working and the impact it was having in the community.

62% of people we spoke to had heard of Pharmacy First, but many were unaware of what the service did. However, some people told us that they had been referred to the pharmacy by their GP as waiting times for GP appointments were getting significantly longer.

"I am here by appointment to see someone, I went to the GP and could not get in. They referred me to the pharmacy as they did not see me as an emergency, and it would take three weeks before I could get an appointment. I am at a loss as to how I access the GP, it might not be urgent to them, but the last time I was like this I ended up in hospital for three weeks."

Most people we spoke to were using the prescription service, only 8% of people were accessing the Pharmacy First service.

During our discussions we raised awareness of the service and asked for feedback. Although some people would still prefer to access their GP, others felt that it would be much quicker and easier to access Pharmacy First. 71% of people said they would use the service and recommend it to friends and family.

Those that were accessing Pharmacy First, described it as a good service, which was particularly useful for children and when it is difficult to get a GP appointment.

"This has saved me so much time, I have struggled to get a GP appointment for three days, I keep missing emergency appointments."

The average waiting time to be seen using the Pharmacy First service was between 30 minutes – 1 hour. There were people accessing the service using a booking system, people told us that they found this approach helpful and that it felt efficient and more effective than trying to access their GP practice.

"I was seen and referred to Urgent Care, I was home within an hour. Go to the GP and it takes forever and that's after waiting days for an appointment."

Although most people spoke of the positive impact of Pharmacy First, there is a lack of confidence and perception that pharmacists are not able to provide health advice as effectively as a GP.

Following our conversations 72% of people said they would now access Pharmacy First before contacting their GP practice with 21% stating they would still access their GP practice first, as they preferred to see a GP.

“GPs should do the job they are paid to do and not pass it off to pharmacists. GPs get paid far too much money and they won't even see people face to face, it wrong to pass them on to pharmacy.”

Overwhelmingly people praised the role of the Pharmacy First service, more awareness of all the services that can be accessed via pharmacy would be useful. There is concern about the capacity of the service as demand increases, pharmacists may be over stretched and unable to keep pace with effective service delivery.

Feedback from Professionals

Professionals told us they were concerned at the pace that Pharmacy First had been rolled out throughout the network. Communication methods appear to be inconsistent and could be confusing to the public.

Recruitment was, in places, a challenge and additional training was needed to ensure staff felt confident and effective in their role.

The pharmacists we spoke to shared concerns about the demand on the service and the contractual specification, which could impact service delivery. We were told that payment for assessment became payable if the pharmacist made a referral to another health service e.g. Urgent Care, A&E or back to the patient's own GP. It was felt that consideration was not given to the rapidly growing demand for advice and information. Additionally, this way of funding may lead to inappropriate referrals. Further clarity around funding is needed to alleviate growing concern.

Communication was also viewed as a challenge, increasingly it is becoming more difficult to contact other health services via the telephone. Pharmacists have experienced lengthy delays in contacting GP practices or similar to refer patients on. This time further increases pressure on service delivery.

Clarity would be welcomed about the process for assessment for access to Sexual Health Services. We were told of incidences that there had been refusal to assess due to cultural barriers, such as access to emergency contraception.

There was additional concern about medication and cost implications. It is perceived that some larger pharmacies actively choose not to stock more expensive medications, instead referring patients to smaller practices who may have stock. This is beginning to feel unfair, as the cost implications increase for smaller pharmacies. There is further concern about the potential negative impact this could have on accessibility requirements such as travel or cost implications for patients.

The pharmacy funding system is complex, with various pricing mechanisms. As of the 1st May 2024 The Department of Health and Social Care (DHSC) confirmed imposed changes to pricing. This has been strongly opposed by Community Pharmacy England who is continuing to warn Government and the NHS that putting further pressure on pharmacies to dispense at a loss will have very serious consequences for the sector, patients, and the wider primary care system.

Responses

North East & North Cumbria Integrated Care Board (NENC ICB)

“Thank you for sending us your latest report, which provides lived experience and insight from service users, carers and professionals on their concerns regarding accessing pharmacy services.

“We will review the existing messages and information available to the public to ensure that it is consistent and clear.

“The findings of the report are valuable, and we will consider these findings when looking to promote pharmacy services in the future.

“The ICB is working closely with our partners in local Health and Wellbeing Boards and with Local Pharmaceutical Committees around patients' access, sustainability and pharmacy resourcing. The ICB welcomes such feedback to ensure all vulnerable groups are well served.”

To download the full response from NENC ICB, please click here: [NENC ICB Response to HWS Experiences & Views of Accessing Pharmacy Services Report](#)

Jen Coe, Strategic Head of Involvement & Engagement, NENC ICB

Community Pharmacy Tees Valley (CPTV)

“Thank you to Healthwatch Stockton for sharing the report with Community Pharmacy Tees Valley 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.”

To download the full response from CPTV, please click here: [CPTV Response to HWS Experiences & Views of People Accessing Pharmacy Services Report](#).

Sandie Keall, Chief Officer, Community Pharmacy Tees Valley

Stockton-on-Tees Borough Council Public Health Team

“Healthwatch Stockton-on-Tees would like to thank Joanne Linton, Pharmaceutical Advisor and colleagues for their valuable input during the finalising of this report.”

Conclusion

The value that pharmacy services can provide to local communities is extensive. As recovery plans take place the added value that pharmacies can provide in building a sustainable and healthy community is unquestionable.

Adequate resource needs to be allocated to build and retain a sustainable workforce, while considering how funding is allocated and the potential impact on service delivery.

Communication about the services offered by pharmacy needs to be clear and consistent, including joined up approaches, for both the public and professionals to ensure the best outcomes for our population.

Awareness of the professionalism of a pharmacist as a health care professional specialising in the administration of medication, should be consistently highlighted to build community trust and reassurance.

We are aware that shortages of medication are a national issue, challenges receiving stock delivery of medication to be reviewed; to support equitable distribution across the locality, further clarity of this process would be beneficial to determine the financial impact on some pharmacy services and causes of any perceived disparity.

Clarity and a better understanding of the funding process may help the public to understand the constraints and challenges currently facing pharmacists.

Throughout this engagement process, there were certain things raised with us that may have an impact on contractual obligations. We have been informed that any concerns can be raised by contacting nencicb-tv-pharmacyandoptometry@nhs.net

Any serious concerns can be reported to the General Pharmaceutical Council.

[Concerns we investigate | General Pharmaceutical Council \(pharmacyregulation.org\)](https://www.pharmacyregulation.org)

Recommendations

This focused engagement work has highlighted areas that could help to improve the awareness of services that pharmacies are now able to offer, supporting recovery plans and helping to build healthy and sustainable communities.

Valuable feedback received has informed the following recommendations:

Communication – Throughout this work plan item it has become apparent that clear and consistent information is not yet available. People did not feel informed about the additional role of pharmacies and services available. Equally the understanding of the professionalism of a pharmacist was sporadic, resulting in a lack of confidence.

Focus to be given to ensuring clarity of key messages to support the public in accessing the right service at the right time.

Referral Pathways – Once assessed, and if considered appropriate pharmacists can refer to other health services, with the intention of improving access and reducing waiting times. However, increasingly it is becoming more difficult and time-consuming for pharmacists to communicate via telephone, impacting negatively on service delivery. Consideration to be given to alternative referral methods, for example emails or alternative contact telephone numbers to be made available to pharmacists to support a smooth transition between services.

Review of allocation of stock medication – Information given to us detailed concerns of larger pharmacies actively choosing not to maintain stock of more costly medication and signposting patients to smaller pharmacies. The cost implication was considered unfair. Further clarity to be gathered to help to alleviate any concerns.

Resource – As recovery plans begin to take place, it is vital that adequate resource is made available for the sustainable future growth of pharmacy services. In places staff retention and development is proving challenging. To ensure pharmacy services can continue to support the health of our communities effectively, priority needs to be given to the rapidly changing demand on services.

Accessibility – Some people we spoke to told us of the challenges attending pharmacy services due to ill health or frailty, and the need to attend one or more pharmacy to receive prescribed medication. Improved knowledge of delivery services available would be helpful, along with better use of text messaging services when prescriptions are ready to collect. Consideration to be given to improving the use of these services. We were also made aware of physical access concerns due to heavy doors and steps, identification of these locations should be included in the planning of the Pharmaceutical Needs Assessment, along with potential issues patients may have needing to access alternative pharmacies.

Reassurance is sought from the Pharmaceutical Needs Assessment that there are adequate pharmaceutical services in the locality to meet the needs of the population.

Sexual Health Services – It has been identified that due to cultural requirements, some assessments and access to emergency contraception is denied. Clarity to be sought around policy and subsequent referral pathways.

Next steps

This work will form part of a wider piece of work with the Public Health Stockton-on Tees Team as a review is undertaken of the local Pharmaceutical Needs Assessment.

The Healthwatch England research team will use the findings to support influencing change and improvements to health and care services at a local and national level.

It will be shared with Stockton-on-Tees Local Authority, North East and North Cumbria Integrated Care Board (NENC ICB), Health and Wellbeing Board, Community Pharmacy Tees Valley and our partners to ensure the voices of the people who have provided valuable feedback are heard and used effectively to inform decision making and transformation.

Acknowledgements

We would like to express our thanks to the pharmacies who supported us with this work, the staff and the public who have helped us to gather this valuable information. We would like to thank our partners for their support in disseminating and promoting this workplan item, helping us to ensure the voice of service users influence the improved delivery of health and care services.

This work has highlighted the strength in collaborative working practices, together we can make a difference.

- Norton Glebe Pharmacy
- Boots Pharmacy – Thornaby
- Synergise Pharmacy – Stockton Town Centre
- Pharmacy World – Roseworth
- Whitworths Pharmacy – Yarm
- Boots Pharmacy – Billingham

Appendix one: Pharmacy survey questions, responses and demographics

A list of survey questions, responses from the surveys and demographics data can be supplied on request.

Please contact Kathryn Clapham, Healthwatch Stockton Projects Administrator at kathryn.clapham@pcp.uk.net for details.



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