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**RE: Views and Experiences of People Accessing Pharmacy Services**

Dear Natasha,

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 recognise from the feedback featured within the report that there are positives around the introduction of the Think Pharmacy First and now the recent national Pharmacy First initiatives, and challenges regarding the allocation of stock, optimising the take up of Pharmacy First (note there is no activity data available from NHS England yet) continuously improving referral pathways, broader accessibility into pharmacy sites and spaces, and the needs of patients accessing emergency contraception services.

We have provided a response to your recommendations below:

	<b>Recommendation</b>	<b>Comments</b>
1.	<b>Communication</b> – 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.	<p>We continually work to ensure that all our campaigns are effective and reach all members of the public, and welcome feedback on our work.</p> <p>We will review the existing messages and information available to the public to ensure that it is consistent and clear. To support with this, some detail below has been provided about some of the initiatives in pharmacy provision.</p> <p>The North East and North Cumbria Integrated Care Board's (ICB) common conditions campaign aims to encourage the public to 'Think Pharmacy First' for over 40 minor conditions which community pharmacists can advise and treat under the ICB's regional common conditions scheme.</p>

It encourages people to consider seeking advice and/or medicines from their local community pharmacy, before contacting a GP practice or going to another healthcare setting, and is currently provided in all pharmacies across the North East and North Cumbria.

This campaign builds on the national 'Think Pharmacy First' offer which enables all community pharmacists to offer over the counter prescribed medication for seven common health conditions including earache, sinusitis, shingles, sore throats, infected insect bites, impetigo and minor urine infections without having to see a doctor or nurse. Women can also go to their local high street pharmacy to be prescribed the contraceptive pill instead of booking a GP appointment.

Both initiatives support the ICB's region-wide 'here to help' pharmacy campaign which aims to:

- build public understanding of and increase confidence in local pharmaceutical services
- increase patient awareness of the role of community pharmacy as the 'first port of call' for common conditions and medicines advice
- improve access for patients with common conditions
- identify ways patients can self-manage their health with the support of community pharmacists
- signpost to quick, convenient, and confidential consultations with community pharmacists
- increase uptake of NHS support available in community pharmacies
- reduce inappropriate use of GP and hospital services.

The pharmacy commissioning team in the ICB is working in partnership with Local Pharmaceutical representatives to deliver additional training sessions for pharmacies in connection with the new national initiative Pharmacy First, to enable patients to get the best possible clinical care.

		The findings of the report are valuable, and we will consider these findings when looking to promote pharmacy services in the future.
2.	<b>Referral Pathways</b> – 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.	<p>This feedback is helpful and the ICB is committed to continuously improving referral pathways.</p> <p>Community Pharmacies are committed to electronic referrals where appropriate. They will also use e mails for referral when appropriate. The ICB work closely with the Local Pharmaceutical Representatives, including Tees area.</p> <p>We will feedback to the Local Pharmaceutical Committee with a view to optimising the smooth transition between services for patients.</p>
3.	<b>Review of allocation of stock medication</b> – 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.	<p>The ICB will feedback this important information to the Local Pharmaceutical Committee. Part of the role of the Local Pharmaceutical Committee is to support all providers of services in best managing operational issues. They will be able to raise these concerns with the pharmacies to understand their practices around medication stock of medications and signposting with those practices.</p> <p>We would welcome the detail of the pharmacies in question and if this could be shared with us via the NENC ICB Involvement Team email: <a href="mailto:necsu.icb.involvement@nhs.net">necsu.icb.involvement@nhs.net</a></p>
4.	<b>Resource</b> – 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.	<p>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.</p> <p>We are pleased to confirm that pharmacies have additional funding for delivering the national "Think Pharmacy First" (seven common conditions) initiative as described above.</p> <p>Also, national negotiations are taking place between NHS England, Community Pharmacy</p>

		<p>England and the Department of Health and Social Care regarding funding in the future.</p>
<p>5.</p>	<p><b>Accessibility</b> – 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 the locality meets the aim of accessing pharmacy services within a 20-minute walk of a pharmacy and that there is additional pharmacy services in areas of deprivation.</p>	<p>The ICB welcomes such feedback to ensure all vulnerable groups are well served.</p> <p>The ICB is working collaboratively with Health and Wellbeing Boards to assess accessibility to community pharmacy provision, any issues and what measures may be appropriate to mitigate against the risk of patients not accessing medicines and wider essential services.</p> <p>This would be helpful feedback to the Stockton Health and Wellbeing Board who have a statutory responsibility to publish the Pharmaceutical Needs Assessment (last one 2022) and to refresh and update as necessary.</p> <p>The ICB can feed this back through the meetings they have with the Health and Wellbeing Board Pharmaceutical Needs Assessment leads.</p>
<p>6.</p>	<p><b>Sexual Health Services</b> - 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.</p>	<p>The ICB welcomes this soft intelligence to feed back to NHS England, North-East &amp; Yorkshire Region, in the interests of those patients accessing contraception services.</p> <p>Pharmacies can sign up (optional) to deliver contraception services, called an advanced service over and above essential services.</p> <p>Again, the Pharmaceutical Needs Assessment will identify practices where sexual health and access to emergency contraception provision is provided and if there are gaps in such provision.</p> <p>Public Health colleagues in Local Authorities commission sexual health provision on behalf of their communities and will be able to describe the provision available to residents in the Stockton-on-Tees area and how to access that provision.</p>

Thank you very much for sharing this report and we look forward to reading the next one.

Kind regards,

Anya Paradis

Director of Contracting & Oversight (North)

**Cc David Gallagher** – Chief Contracting & Procurement Officer, North East and North Cumbria Integrated Care Board

**Karen Hawkins** – Director of Delivery (Tees Valley), North East and North Cumbria Integrated Care Board