



THE PHARMACY



Gathering patient views on community pharmacy services

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1 Introduction

The Scottish Health Council was asked by the Scottish Government (Pharmacy and Medicines Division) to gather views from patients who have a long term condition on some aspects relating to community pharmacies and pharmacists. The Scottish Health Council's local offices agreed to:

- conduct a mapping exercise of long term condition groups across Scotland
- organise a series of focus groups across Scotland to gather patients' views
- use local contacts and knowledge to invite individuals to participate
- arrange suitable venues for the sessions
- carry out interviews either face to face or by telephone where participants were unable to attend a focus group
- evaluate the sessions from a participants' perspective and
- share participants' views and feedback with the Scottish Government.

2 Process

- 2.1 The project looked at gathering feedback from patients especially those who had a long term condition and used regular medication. Views from individuals who frequently used a community pharmacy were sought so that the Scottish Government could better understand what patients want and need from their local pharmacist. Given that community pharmacies can sometimes be seen by the public as either a business or shop, rather than an integral part of the NHS, we also explored how perceptions of pharmacists could potentially be changed.
- 2.2 A total of 12 of the Scottish Health Council's 14 local offices participated in the project comprising Shetland, Grampian, Highland, Lanarkshire, Tayside, Orkney, Ayrshire and Arran, Glasgow, Fife, Dumfries and Galloway, Western Isles and Forth Valley. The geographical spread ensured a good mix of people from both urban and rural areas.
- 2.3 To ensure representative and diverse feedback from pharmacy users, local offices also engaged with a wide variety of long term condition groups. These covered conditions such as:
- asthma
 - coronary heart disease
 - chronic obstructive pulmonary disease (COPD)
 - diabetes
 - mental health
 - learning disabilities
 - stroke
 - epilepsy
 - cancer, and
 - multiple sclerosis (MS).

Patients and carers were involved as well as gypsy travellers and people from a substance misuse support group.

- 2.4 Participants were asked a standard set of questions developed by the Scottish Government which covered topics such as:
- how patients currently used their pharmacy
 - patients' general experience of the pharmacist
 - whether the pharmacist was seen as an integral part of the NHS
 - relationships between patients and pharmacists
 - who patients consulted with when they needed help with medicines
 - what would help patients to seek a pharmacist's advice, and
 - whether patients had used pharmacists working within general practices.

There was also an opportunity for participants to provide further comments and feedback.

2.5 A total of 159 participants were involved and provided feedback using a range of methods:

- 45 people participated in eight focus groups held across Scotland
- 77 were interviewed as part of visits to community groups
- 12 people were interviewed by telephone
- 25 provided feedback either via email or in writing.

2.6 Feedback received is outlined below. Additional comments relating to the questions are contained in the appendix.

3 Focus group evaluation

- 3.1 Five focus groups were evaluated through informal discussion which explored participants' opportunities to be involved, their thoughts on the topics, the questions and sessions themselves, and any additional comments they might have.

All participants provided positive and encouraging feedback and agreed that they had been given ample opportunity to be involved in the discussions. Positive feedback was also received on the presentations and the groups' inclusiveness. Additionally, participants appreciated the opportunity to discuss the topic and be involved in the work as well as welcoming the chance to provide feedback about a service which they used regularly.

- 3.2 All feedback will be used to inform the Scottish Government's consideration of the future of NHS pharmaceutical services.

4 Feedback

4.1 This section outlines the feedback received on the various questions.

Question 1

How do you use your local pharmacy?

141 people answered this question and said that they used their local pharmacy for:

- collecting prescriptions (113)
- delivering prescriptions direct to them (10)
- purchasing over the counter medicines (21)
- getting advice on minor ailments and medicines rather than their general practitioner (30), and
- purchasing other items such as toiletries, plasters, creams, etc (21).

Question 2

What is your general experience or impression of the community pharmacist who works there?

Of the 158 people who answered this question:

- 91 (57.6%) described their experience as excellent
- 50 (31.6%) said it was good
- 16 (10.1%) felt it was adequate
- 1 person (0.6%) felt they had a poor experience or impression.

From the additional comments received, 2 people found it hard to identify who the pharmacist was or did not know them and there were some issues raised around accessibility of the pharmacy/service particularly for deaf people and concerns about prescribing and/or prescribing errors.

Question 3

Do you view the pharmacist as an integral part of the NHS?

Of the 156 people who answered this question:

- 134 (85.9%) felt that pharmacists were an integral part of the NHS
- 22 (14.1%) felt they were not.

Question 4

Do you have a good relationship with your local pharmacist?

Of the 154 people answered this question:

- 144 (93.5%) said they had a good relationship with their pharmacist
- 21 (13.6%) felt they did not.

Question 5

Do you consult with the pharmacist when you need help with medicines?

Of the 158 people who answered this question:

- 129 (81.6%) said they would consult with the pharmacist when they needed help with medicines
- 29 (18.4%) said they would not.

Specifically:

- 20 people stated that they would ask for help regarding medicines, over the counter products or minor ailments
- 13 people often found their pharmacist to be helpful
- 13 people would go to, or speak with, their general practitioner (rather than pharmacist)
- 2 people would see or get help from the nurse
- 2 people occasionally or not always consulted their pharmacist when they needed help with medicines
- 1 person would ask the (pharmacy) assistant in the first instance
- 1 person would go to another pharmacist in a different area, and
- 1 person used the internet instead of getting advice from the pharmacy.

Question 6

What would help you to ask for the pharmacist's advice?

78 people answered this question. The most common themes which would help people to ask for their pharmacist's advice were if:

- there was more privacy or a private consulting room or booth
- pharmacists could be more approachable or friendly, and
- there was better signage or pictures within pharmacy.

Additional comments contained a vast range of suggestions for improving pharmacies such as:

- support for people with a sensory impairment (deaf or blind) or have a learning disability
- having a set time to either telephone or 'drop in' when the pharmacist was available
- an established 'hotline' for advice
- increased assurance around patient confidentiality

- less cramped serving counter and reduced queues
- more information about newly prescribed medication and drugs, and
- better publicity about the availability of services such as advice on minor ailments.

Question 7

**Have you spoken with a pharmacist working in your GP practice?
(If yes, how have you found this?)**

Of the 156 people who answered this question:

- 113 (72.4%) had spoken to a pharmacist working in their GP practice
- 43 (27.6%) had not spoken to a pharmacist working in their GP practice (14 people advised that their GP practice did not have a pharmacist working in their practice).

Appendix 1: Additional comments

The following is a summary of additional comments provided by respondents through interviews and focus groups.

Question 1

How do you use your local pharmacy?

- I use them for emergency prescriptions such as antibiotics.
- I order medicines online then the GP practice sends the prescription to the pharmacy and I pick it up usually three days later.
- We email our GP who then sends the script to the pharmacy. We collect them as this is convenient for us although they have offered to deliver them.
- Prescriptions from doctor now automatically goes to the pharmacist, they know who I am now. Had people shout in their face when explained deaf.
- I obtain several medications for my diabetes weekly; the list includes insulin, needles, test strips and a variety of tablets and capsules, penicillin and blood pressure tablets.
- I order repeat prescriptions for myself and neighbours using the telephone answering service then collect them from there.
- I put repeat prescriptions in regularly. The pharmacy send them on to the local doctors surgery to be put in my medicine box I then pick this up from the pharmacy or they deliver it to me if I am unwell.
- On my repeat prescription it asks me where I want to pick it up from. As the pharmacy is near, I collect it from there.
- Use for repeat prescriptions (discussion around wastefulness if repeat prescription hasn't been updated). Often prescription is not complete on collection, receive "*owing note*" in with medicines; medication is not always available even with a repeat prescription. Pharmacist and patient could both think ahead to avoid this. Lack of or low supply of medication, can be very stressful for the patient. Weather can disrupt availability or supply of medication.
- Local pharmacy delivers medication in a *Medicine Manager* and other medication for example, inhalers as normal.
- Prescription is delivered free of charge to home address. Home delivery is discreet.
- Incidental over the counter medicines. I have a long term condition which necessitates regular medications.
- To get advice, for example, am I doing this right? I am taking this concoction of tablets for this (*condition*).

- I know that I can rely on the pharmacist and the other staff to answer any queries that I may have.
- If I have a query about an over the counter medicine or any other product, I would ask for advice before I purchased it. The pharmacist has helped me to sort out a problem with medication on a few occasions.
- Minor ailments - asked pharmacist for advice instead of going to doctor.
- Can ask to speak to pharmacist about any medical issue.
- In my experience the pharmacist has gone out of their way to locate specific drug for use of MS patient.
- Purchasing Zimmer frames, walking sticks and toiletries.
- Trouble with tablets before getting bubble pack, delivery to home.
- General use – outwith requirements of condition.
- Pop in regardless - lots of uses.
- We have no local pharmacy, a 26 mile round trip is required. My husband is on permanent medication, gets his medication from a pharmacy through a regular arrangement with his GP and a phone call is usually required for a repeat prescription to be extended. We use over the counter medication infrequently when required. We are both registered for the Minor Ailment Scheme but haven't accessed it yet.
- To collect prescriptions. For me it is a 20 mile round trip. We buy a small amount of over-the-counter medication on occasion.
- Smoking cessation for clients.
- Flu jab.
- Drug disposal, but have been refused this on occasion.
- Needle exchange.

Question 2

What is your general experience or impression of the community pharmacist who works there?

- I find they are very caring and, if the weather's bad, they've offered to deliver my prescription (as I have a lung condition). However, I haven't taken them up on their offer yet.
- They can instantly spot inconsistencies in prescriptions.
- Very knowledgeable. They are clearly aware of certain medications fighting each other (interactions). They also know clients better and will ask, for example, are you sure they [GP] were meant to give you this? They know the client and have knowledge

about their past history and will question if something has been prescribed which they believe might not agree with them.

- Our pharmacist is first rate and highly thought of in the local area. He ensures those who need it get their prescriptions delivered (free) and checks all prescriptions are correct and suitable etc. He gives advice on minor health issues but always advises to see a doctor where necessary. He always makes time to speak to people and you never feel you are *"just a customer"*.
- I rarely get into the shop myself because of health reasons but the pharmacist is always helpful face to face or by phone.
- Excellent except when the drug addicts are in. They can be a bit intimidating and everyone knows what they are there for and sometimes get a bit of a shock as to who is on the methadone programme. The staff are warm and friendly and try and get what you need as soon as possible.
- Pharmacist knows all users by their first name. He is of a very friendly and helpful disposition. His assistants are very personable. He is very knowledgeable and has on occasion picked up where there was potential conflict between prescribed medicines.
- Pharmacy staff co-operate with each other to help to supply medications often taking a personal interest in the patient; very fortunate in this area. We assume there is good liaison between hospital pharmacist and independent pharmacists. The pharmacist goes out of way to assist patient.
- All staff in the pharmacy are excellent. They're very people-orientated and I've seen them calm down anxious patients.
- Very helpful and advises what suitable alternative medication is available for non-prescription items. Good advice on minor ailments.
- Very knowledgeable, tells me what over the counter drugs I can and can't have because of my prescriptions. General advice. Friendly.
- Pharmacy is part of a national chain and the pharmacists work on a (presumable) shift rota so really unable to form a knowledgeable experience. Those I have spoken to have been knowledgeable and helpful. Sometimes it does take a long wait to speak to the pharmacist.
- They change (presumably on a rota/shift basis) so it's difficult to get to know them well enough to comment. But those I have spoken to give good advice but have also kept me waiting quite some time.

- I have a good rapport with the pharmacist and I know that I can rely on him to answer any queries that I may have with regards to my medications.
- Despite the "good" the service is actually first-class; my mark down is because since (*large chain*) took over the previously independent business, the actual pharmacist changes frequently. None of them are sub standard by any means, but I have been used to the pharmacist in the shop, as opposed to a pharmacist there for a spell.
- Have been to one in both a supermarket and a local pharmacy, I found the local one better.
- Depends on who is at the counter, some are more friendly than others. Difficult to approach new people when you are deaf. Can be especially hard when you collect from a different person that you gave the prescription to. Can be embarrassing when picking up medication, not always sure who is being called (me or someone else!)
- I mainly deal with one of the assistants and there is little interaction with the pharmacist except when they go on holiday.
- My GP practice has a pharmacist who in the past has made alterations to the medications I was prescribed on a cost basis. Unfortunately this was done without my input, notified to me by letter once done and the medications prescribed caused me significant side effects, which resulted in non-compliance until he was willing to discuss the issue. This was done on a cost efficiency basis and I do think the GP felt pressurised to agree. I opt to use a branch of a local pharmacy five miles from my home as the nearer one has made significant errors with my medication in the past. I am not convinced the pharmacist knows me as the previous one did (sadly deceased) and that she's always in a hurry. The company has lost its community touch due to expansion and has become a business to make profit rather than a vital community service.
- I left my previous pharmacy after repeated errors with my prescriptions. I complained to the pharmacy and the health board but don't know if any action was taken. The mistakes were potentially dangerous, involving prescribing incorrect doses of drugs.
- There are lots of staff who are busy filling out requests behind the counter and in at the back of the shop.
- It is not as good as how it used to work - I had a dispensary in my GP surgery before. The service at the pharmacy is not as efficient - it is slow. Mistakes seem to be made at the pharmacy.
- Take their time asking me how I am, knows my condition by what medication is on the form.

- One problem when prescription wasn't read properly.
- Sometimes staff are talking to friends.
- Sometimes staff are distracted.
- Have had experience of staff shouting in my face and moving drugs around. Felt like a child. Sometimes chemist has to phone GP to check medication and they can appear unhappy about this. Difficult when medication is not in stock. Some staff freeze up when I say I am deaf. Sometimes different people the next day. Sometimes English is their second language which makes it even harder.
- Privately owned pharmacy shops seem more customer focused than that of the chains.
- I have never spoken or asked pharmacist anything. I just pick up medicine and that's it.
- Good at giving information, finding the cheapest options, helpful, they understand my conditions and medication and know what can react with my medication.
- There are some excellent staff who volunteer all necessary information and respond to queries comprehensively. They give an air of professionalism.
- Receiving prescriptions now requires forward planning since it takes three working days before they are ready to be picked up.
- Stopped advertising local groups and support groups.
- Sometimes have to return if out of stock.
- Always correct, get it in a "*dosset*" box.
- Test you there and then.
- Can get everything I need.
- Prescription is always ready for me.
- Get on really well with the pharmacist. In the past pharmacists were not as friendly.
- Varies - I had a bad experience whereby they shouted my illness to another staff member.
- There are many pharmacists that work at the pharmacy I go to.
- Can be a bit grumpy!
- Some are helpful and friendly some are not.

Question 3

Do you view the pharmacist as an integral part of the NHS?

- They are a vital service to me for collecting medication and advice with anything else.

- From time to time I have discussed my prescription and non prescription medication with him and have sought his advice which has been given freely and with good results.
- They are all good except a few that do not study enough. Was given tablets once but was not told the tablet was dissolvable.
- They should be but I think there is a significant lack of discussion between local pharmacists and in hospital teams.
- I answered 'yes' although I never gave the matter much thought as to whether or not they were part of the NHS. The pharmacist was the person to whom you went to obtain your prescribed medication. Simple signage within the pharmacy to indicate that they were part of the NHS. The pharmacist wearing an identification badge bearing the NHS logo would also be helpful.
- Pharmacy-store part of a national chain so of course not part of NHS. I would question the need for all pharmacists to be part of the NHS.
- It is very much viewed as a private enterprise - it is not at all viewed as part of the NHS. They supply a service to the NHS and the personnel side are very much part of that private enterprise. I can't see any obvious need for it to be viewed as part of the NHS.
- The pharmacy has always acted in close teamwork with the GP surgery round the corner, despite the occasional wry comment about it (the surgery) from pharmacy staff. And as all the pharmacists I see in action are employees, I don't see how they could be defined as an integral part of the NHS.
- There should be more publicity (national as well as local) about the Minor Ailments Service, which they provide. I had only heard about this service at a Public Partnership Forum meeting.
- Not as closely monitored as they should be.
- Perhaps to not wear the uniform/logo of the company they work for. Maybe a universal appearance across UK similar to nurses in hospitals.
- They have a separate area for dispensing prescriptions which is not part of the shop counter. In other establishments, they don't have this break in the counter - having a break would make it clearer for clients.
- Although our pharmacy is privately owned and, as such, has to be profitable, it is a part of the overall health service in Scotland. As a small company they view their business a part of the community providing a service and not just there as a money spinner.
- They can be the first port of call for minor ailments and are excellent for getting advice.

- The pharmacist taking a more active role when people are picking up medicines, looking at the people and having an interest in the customer. Making the customer aware of who he / she is and how they can assist or advise.
- I prefer the doctor-based dispensary.
- Think more of them based in doctor's surgeries would be more helpful.
- 24-hour chemist would be useful.
- It's a better service for hearing people.
- Have given useful medical advice to me, which saved me having to visit the GPs.
- Uncertainty might be due to non-pharmaceutical products being sold to boost profits, not all aspects of service guided by NHS. Doctor and local pharmacist should have good working relationships. Pharmacy reliant on NHS. NHS does not do enough to promote pharmacy service (previous TV campaign was run promoting pharmacy as opposed to doctor for minor ailment advice).
- Pharmacies could be removed from commercial enterprise and operated by NHS directly with huge cost savings. Also promote the use of generic drugs.
- I think the doctor gives out the medicine, but the pharmacists have to back this up and keep the patients right, as they can be taking two, three maybe four pills.
- They take care of picking up my medications.
- Answer to this question was 'yes and no' – I don't really associate it as part of the NHS, on reflection it probably should be, I see it more as a retailer. I live in a town rather than rural community and use the bigger chemists so more of a shopping experience I suppose. In a rural community it works differently, so yes, I see it as working hand in glove, but then I have a shop so no!
- That is the way we were brought up. Pharmacist has always been our first port of call, would advise whether or not to contact a GP.
- Yes - but only when it comes to dispensing. We value the pharmacist's expertise when it comes to multiple prescriptions.
- Advice is really useful.
- Can always phone or visit if have any questions they get to know you personally.
- Deal with minor ailments.
- How else would you get medicines prescribed?
- Mixture of yes and no for this question, mostly thought no.
- Some of the group commented that they didn't think the pharmacy within the hospital was part of NHS.

- Spending more time with patients going over prescription details driving advice etc.
- Yes, but think they should have more privacy to offer advice.
- Pharmacist should be seen as one of the uppermost integral parts as without their speciality where would people get medications from like myself who takes five types daily.
- They provide a service.

Question 4

Do you have a good relationship with your local pharmacist?

- Personal contact with the pharmacist is excellent. It would be difficult to improve on the very high standard of service delivery.
- Relationship is with pharmacy staff as well as pharmacist. Pharmacist could spend more time in the front shop rather than in the back (though you can ask to speak to or see the pharmacist). The pharmacist often comes out to discuss medication with the patients.
- Nothing I can think of could be improved.
- I do have a good relationship with my pharmacy, as the ladies who work there have been there for decades and we all know one another. If a pharmacist (the same pharmacist) were in post permanently, I feel much time would be saved by not having to ask many patients about identity etc every time. I do not mean this as a whinge, but the number of 'old-ish' people on regular prescriptions in our area is quite significant, and I believe a resident permanent chemist as opposed to a transient one would be (and would have) a big advantage.
- Now that I am a regular customer, they know me well. Now that it is often different people at the counter, I can't build the same relationship as I had done.
- Had good relationships in the past when pharmacist was next to opticians, good sense of community. Now that I know the chemist, had been very poor previously. It becomes easier when you are a regular customer and know the staff better.
- Very good relationship with my local pharmacist and I know that I can confidently ask him anything and I know he will take the time to listen to me.
- They dispense. They question. I usually see a different person though. This does not perturb me. What they do is already reassuring.

- It is a 'two-way street' and I always try to get a balance between using their services and not being a burden. In a rural environment they are worth a lot more than people in cities would ever appreciate.
- I am merely seen as a number, not an individual.
- I don't see how we can achieve this because of their work pattern.
- I don't know the name of my pharmacist. It would help if as a patient who regularly uses the pharmacy, to have a review with the pharmacist on a yearly, if not six-monthly basis, to discuss any problems or worries with medication.
- Had previously been able to build a good relationship but staff change all the time.
- Feel a long-term local presence would help to change this for example, stable, full time employed pharmacist.
- I don't know who the pharmacist is. I know the enterprise and I would ask the enterprise.
- I prefer the doctor-based dispensary.
- The staff are always very busy - perhaps if they had more time to talk to their patients to get to know them better.
- Can depend on what kind of day they have had.
- Regularly meeting formally or informally.
- As a professional, the pharmacist keeps an eye on methadone patients and notifies (necessary individuals) if they haven't been in recently.
- Don't see them much as get medication delivered.
- If I used the same one regularly.
- Use several as live and work in the city.
- My pharmacy is a large city centre pharmacy so the staff recognise me to look at but not my name. Generally I find all staff pleasant and helpful.
- Could be a bit nicer.
- They just hand out medication.

Question 5

Do you consult with the pharmacist when you need help with medicines?

- I sometimes read up about my medicines in the British National Formulary or online. I have asked pharmacy staff about things when I am in collecting prescriptions - I don't like to phone and bother them unless it is quite important, because they are very busy - I sometimes leave a question on their answer phone and they phone me back.
- Not good experience (no detail given).
- I have had no cause to speak to them. If it was to discuss medicines, I would speak to my doctor. The only time I have spoken to a pharmacist is when I contacted NHS24 who then put me in touch with their pharmacist.
- I have given advice to friends and colleagues that they should ask the pharmacist about medication. I sometimes ask about the side effects of medicines and possible complications with other medication.
- Would probably ask to speak to the duty pharmacist. Would ask GP. Would depend on the condition you were experiencing. Not convinced other customers would know the difference between an assistant and a pharmacist.
- I take in medication, I tell the pharmacist about my conditions and get advice on what you can and can't take for example, Lemsip which contains Paracetamol.
- I personally do consult with the pharmacist with regards to my medications but I was a nurse so I do have some knowledge of medications. There is a pharmacist that works at my health centre but she is not always available as I'm sure she only works part time.
- As an ex nurse I understand most of the drugs I am on. I usually talk to a nurse or doctor at my medical practice.
- I think people often forget that they are the experts when it comes to medicines and more often than not know more than a GP.
- Because they already tell you - if you are getting something new they will ask if you have taken this before. They interrogate you to a gentle level so that if you don't know you can ask them.
- I have to consult the pharmacist because off-the-shelf medicines can affect my medication.
- It is necessary to wait for the pharmacist to be available but it is a busy pharmacy.
- I don't actually have any faith in the advice given as it has in the past contradicted the advice given by my GP and specialist consultant.

- Clients who have communication difficulties or no communication always go to the doctor.
- It's not necessary as my GP gives me all information required.
- Ask in general for example, sore throat, lack of sleep, etc. Anecdote - lack of sleep discussed with pharmacist who looked at the medication I was taking and made a recommendation; anecdote - spoke to the pharmacist about headache medication who gave a recommendation for a lower cost over-the-counter alternative, which was just as effective. Pharmacist will often give advice on what medication is suitable to take with a combination of other medicines (which are necessary for my condition). We have continuity with pharmacy staff (who get to know us in this particular area).
- A couple of times when the surgery has been too busy.
- My medicines have been the same for years. The only change is dose variation usually suggested by a doctor in the Diabetes Centre. Thus consultation as you describe it above is hardly ever necessary.
- Asked pharmacist about inhalers but wasn't able to get help, I have to go back with a support worker.
- Sometimes the pharmacist asks a question and it is hard for deaf people to answer. Very frustrating for deaf people who have had problems communicating all their lives. Wouldn't ask unless I had a hearing person with me.
- We also use literature, including the internet. We have no fear of finding out for ourselves because of a long-standing interest in health. Our relationship with our pharmacist is different from that with the GP since we are not just receiving a service (service users) but are treated as valued customers as well.
- I would if I had to but have professional knowledge.
- I know the advice is thorough and sensible and age appropriate.
- They have an understanding of my medication and they can tell me if something is going to react with the medication I am on. They show me how to use the medication that I am taking. They discuss the medication with me.
- Sought advice from the pharmacist when stopped smoking. Also got advice on which throat spray to get when I had a sore throat.
- I understand my medication details, so don't need to.
- Yes, but sometimes overkill if wanting to purchase painkillers for example.
- I am in contact with my neurologist, psychiatrist and psychologist often who deal with my medication. I therefore feel no need to consult with the pharmacist.

Question 6

What would help you to ask for the pharmacist's advice?

- Confident about information received.
- Better signage in chemists with more pictures.
- Support for people who are blind or deaf or have learning disabilities for example, Braille, bumps on the floor.
- Maybe having a set time to phone or drop by when we know the pharmacist will be available to speak so we don't feel as if we are bothering them when they are busy.
- Pharmacists are not qualified to deal with medical issues. I don't feel confident to ask.
- Assurances that information shared would be confidential like doctors' confidentiality and include counter assistants in this.
- I'm quite happy to have a chat with the pharmacist but I do feel that patients need to know that the pharmacists are there to answer queries and to give advice.
- As I said before, a review with the pharmacist would go a long way.
- I have already built up my confidence level and it is already reassuring in the general way they go about the pharmacy business.
- The counter is cramped and usually has two queues. There is a notice saying there is a room for consultation but I do not think this is used. If the layout in the shop could be re-arranged so that the customer had some privacy or protection from being overheard it would help.
- The pharmacist is always busy in the back of the shop. That said, I am very happy to ask for their help and advice when necessary.
- Honesty.
- Specific hotline number for advice.
- The need to seek it.
- Asked for advice regarding sugar-free, being a diabetic.
- Pharmacy is small and comprises one room. There is no opportunity for a private conversation. Provision of a small consulting room would help.
- We often hear discussion of a personal nature that isn't always appropriate. A private area should be available to have these discussions. If there was a private area it would be advertised on the counter for people to use it, for example a booth or quiet room. This would reassure people that it would be okay to ask for privacy. Many people now automatically ask for advice before going to their doctor.
- If the staff are friendly and helpful then there are no problems.

- Perhaps information on current prescription slips about new drugs or changes. If they bring up issues at the time that I am picking up my prescriptions.
- If prescribed new tablets, it would be better if the tablets could be explained.
- Very difficult to ask for advice without a hearing person with them. Sometimes pharmacist is good at giving advice other times not.
- Can be difficult to ask for advice. Signing would be excellent. Basic signing is all they would need. Deaf awareness training too. Awareness of different types of deafness.
- Consultation rooms giving privacy (used to be a curtain) would give people the confidence to discuss things in private. Display the service they offer better, some pharmacies display it while others don't advertise at all, for example blood pressure checks, diabetes.
- I don't think of the pharmacist as someone who gives advice beyond prescriptions. And I don't want to change this.
- Speak to pharmacist instead of wasting GP time.
- A little more time to help at health centre.
- Pharmacist already has private area.
- Get tests and answer straight away – it's good.
- Some services could be better publicised for example minor ailments.
- I won't go into my pharmacist if there is a certain group of people there as it makes me feel vulnerable, and nervous. I understand that they are there to get their medication but when they are standing outside the pharmacist with their dogs if makes me frightened. Would prefer it if they were to go to the pharmacist at a set time and then that way I would know to avoid the chemist at that time.
- Knowing that it would be the same person that I would see all the time would give me the confidence to ask for their help.
- If I was offered one to one advice without customers or other staff hearing.
- Approachable, being on first name terms, kind, non judgmental nature.
- I have asked whether herbal remedies or other medication would interfere with prescription or have an effect on my conditions.
- If they were more readily available.
- Would rather consult with GP as he knows me better.

Question 7

Have you spoken with a pharmacist working in your GP practice?

(If yes, how have you found this?)

- Very knowledgeable, approachable, helpful lovely people.
- Before the doctor-based dispensary closed, it was really good.
- Yes I have. I used to get a medication sent from the hospital pharmacy and then I received a letter stating that my community pharmacy would be dispensing the medication and the GPs would be prescribing it. This was in fact wrong and the GPs wouldn't be prescribing but the community pharmacy would be dispensing. Due to the confusion my delivery was late and I was getting nowhere myself so I involved the pharmacist at the surgery and it was eventually sorted. If it hadn't been for her, I'm sure I would have suffered more than I had already. My only issue is that I think she only works part time and the practice could do with a pharmacist on the premises during surgery hours.
- I believe the GP pharmacist is checking that you still require your prescribed medication but also ensures that any medications you no longer require which are on the prescription list, are removed. They also ensure that you are on the correct medication in particular that they don't counteract with one another. Overall I think it is a good thing. They are helpful regarding any queries I may have regarding any particular medicine.
- Would not be able to identify the chemist in the area.
- Aware there is a pharmacist there but he is so busy you only get five minutes with him - what can you do in five minutes?
- I think they should have some time reviewing and involving the patients with long-term conditions in medicine reviews to see if they can improve compliance and address issues rather than decide, then inform patient by post. I have to say I think practice managers drive this.
- I did with the pharmacist I used in town.
- I found them very helpful and pleasant.
- The pharmacy is adjacent to my surgery and very convenient.
- Extremely helpful. Clear unambiguous information.
- There was discussion around whether all dispensing pharmacies are required to have a pharmacist on the premises.

- With my repeat prescriptions, I have to explain my reasons for sometimes requesting items early, for example, if I'm going on holiday.
- They know us so it's really good.
- No, never. I'm not even sure if my GP practice actually has a pharmacist, as there are three pharmacies within 250 yards of the surgery so employing one of their own might seem excessive and/or an unnecessary expense for the GP practice.
- Until 2010/11, my GP provided dispensing services via a trained pharmacist in the practice. The practice was in my village. By some margin this was my preferred service model. In rural communities such as mine. It's challenging for elderly patients and those with mobility issues having to deal with GP and pharmacist in different locations and premises. Having a dispensing GP was a good model for us.
- Fine but seem extremely busy.
- Prescriptions go elsewhere.
- Prefer community as I know them better.
- Very good, more private.

Question 8

Any further comments?

- Signage for wheelchair users could be lowered to be more visible.
- Long waiting times.
- Chemist helps to get medication in order.
- Like to have privacy sometimes, don't always appreciate questions about medication.
- Support for people with communication difficulties for example, large signs.
- Very confident in ability of pharmacist. Very helpful, helps when you are stuck.
- Health checkups from pharmacist could be useful, blood pressure etc.
- Pharmacist has to be understanding with drug addicts.
- Not happy with the current situation (*no information given*).
- Pharmacy closes for lunch hour. Is there emergency pharmacy provision 24 hours? Some medication isn't readily available, needs to be ordered from specific pharmacies for example, oxygen, nebuliser, morphine.
- Appreciate the availability of delivery service for those less able to collect. Helpful to have alternative packaging for medication if you have problems opening packaging.
- Pharmacist should be trained to help identify or support vulnerable individuals.

- Pharmacists should have good interpersonal skills and be committed to providing a service.
- GP doesn't update records correctly and patient ended up with surplus medication, pharmacist didn't pick up on this. Ended up going back to chemist to return medication and notify the error. Does the pharmacy computer keep track of drugs dispensed? Could system notify of recent duplicate orders? Better systems for checking up on patients on repeat prescription; could pharmacists' system help to check up on this?
- As it is clear that the pharmacist is part of the NHS, then perhaps they could be used to greater advantage by the NHS. I would like to see the local pharmacies being used in "*Case Finding*" for COPD patients as has been done elsewhere in Europe. People who have respiratory problems visit the local pharmacies and they could be approached on a case finding basis.
- Is there a warning system in place for when a patient who has COPD has had three repeat prescriptions for antibiotics and steroids?
- Maybe I should initiate the first move but the pharmacist always seems to be so busy I don't like to disturb them.
- I think having more smaller pharmacies and fewer multi-nationals would allow people to get more out of their pharmacy. Not only rural communities, but urban areas too, could benefit from a more personal approach and from someone who is interested in the community using his or her business for more than just what profit he or she would make. I came up with an idea that helped some people in the area during winter and I was able to talk directly to the pharmacist and it was implemented. Sometimes smaller is simply better and it doesn't need to be more expensive if the Government is doing all it can to ensure we are getting the right deal from pharmaceutical companies. Is it not possible to broker a better deal if all the medicines required were bought by an NHSScotland pharmacy and small companies buy from them at cost? Or a small pharmacies group could be set up create a similar result.
- I feel sorry for pharmacists when prescriptions are of a particular dosage, for example, a particular dose may be 75mg but as the medication is not available in one exact dose, pharmacists have to make this up by using 50 mg and 25 mg doses. This means you get double the amount of boxes and instructions. This seems a terrible waste of paper and packaging and all this requires a bigger prescription bag. If I take four different medicines, I may end up with eight packages!
- Some chemists train staff well and regularly. Staff are able to effectively switch from serving an individual as a customer to serving an individual as a patient or client.

- Doctors don't review medications regularly. Are pharmacists aware when medication is first issued so they can review them? Pharmacists are reacting to GP requests and instructions and they would be better to police the situation.
- I also occasionally use the two other pharmacies because the chemist can't stock everything. However their locations are problematic for me.
- In previous years I used different pharmacies but have found that building a relationship with one pharmacy and one pharmacist has been very beneficial. Prescriptions are ordered online to my GP and then available within 48 hours. We could have them delivered but choose not to. There are no incidences of unavailable items which happened many times in the past. The pharmacist knows my wife and my pharmacy history and is alert at noticing contra indications.
- I wasn't aware that you could register with a pharmacist in the same way you register with a GP or dentist. However, what are the benefits of doing this and would you still be able to use another pharmacy if need be? When collecting a repeat prescription on behalf of someone else, although the prescription was ready to be collected (and it was all bagged up), the pharmacy assistant would not hand over the bag to me due to the pharmacist not being on the premises. Whilst I understand the importance of doing this when a new medicine is being prescribed, I could not understand why they would not hand over the bag when it was a repeat prescription.
- Whilst all approved medications in the UK should have the same make up I get fed up being given different brands every time. This is bad enough for me as a younger person and yes I do think there is a difference in them, however, it must be very confusing for older adults or those with any kind of cognitive or visual issues and I'm sure will also lead to compliance issues. In my mind that is detrimental to patient care and is not acceptable. It's also a concern that imported medications over the past few years have been infiltrated by counterfeit ones and this is downright dangerous. The fact we are constantly hammering down prices may make this problem worse.
- Having a local pharmacy is very convenient as I'm not always able to see the pharmacist and it's really important to have this local service.
- Very handy to have a local pharmacy.
- Have used pharmacy for several years and they have always been helpful and friendly. They quickly get in any medication I need if it's not in stock. Nothing's too much trouble for them.
- My wife and I both use the same pharmacy and her experience is similar to mine.
- Need another pharmacy in the area so they can compete with each other.

- I am aware that a pharmaceutical company has a project for recycling inhalers but only through some pharmacies. I feel this should be publicised more widely and also rolled out to other pharmacies. I also think that pharmacies should be more proactive in ensuring that inhalers are used properly by the patient.
- No standard prescription renewal form in use in Scotland. Present form in use at my surgery encourages patients to tick all the boxes. Careful development of form and wording could save the country millions!
- We would like to be able to explore disease modifying drugs with the pharmacist although this might not be achievable with the MS nurse, doctor and neurologist as well as the pharmacist.
- It would be useful if the pharmacist was part of the networking between GPs and MS nurse, this would raise awareness of long term conditions and give the pharmacist an opportunity to be more involved. MS Resource Centre produces a newsletter, which could be shared for information with the pharmacist.
- Cost of product - experience within the group of being prescribed cheaper brand of drug or medication that are not as effective as more costly brands.
- Closure of pharmacy between 1-2pm is very inconvenient for people who work. Time limited disabled parking close to each pharmacy would be extremely helpful.
- My pharmacist has sometimes given me extra clarification on when and how to take my medication (beyond what my GP has explained to me).
- I find that the NHS provides an excellent service throughout the field of health services.
- Much prefer local pharmacy to those in supermarkets or large chains.
- Well stocked, cover all bases.
- Still some confusion about all the services a pharmacist can provide.
- I feel methadone users could be better segregated.
- Doctor sends prescription straight to pharmacist for me to collect.
- Would be useful to have a poster to describe services provided.
- Can be surprised about charges for other medicine.
- More widely available information about 24-hour pharmacy.
- Better advertising of Well Man clinics etc would be good.
- Would be useful if staff could sign. One experience when medication had been lost. On one occasion there was a mix-up with which chemist to collect from so son had to speak to GP and pharmacist to explain the correct situation. Sometimes people assume I can lip read when I can't always do so. Very hard to get medicines which are

behind the counters as cannot ask for them so need to point. Good handwriting is important.

- Can be difficult to collect partners' prescription. Pharmacist in London would not accept Scottish notes, daughter called them later to apologise. Be more sensible when calling for deaf people. Important to take a note of who is deaf (description). Have had a lot of negative experiences of using a pharmacy as a deaf person. Chemist had closed for a holiday but no sign to say where the nearest open chemist was. Feel that smaller chemist don't have the stock like bigger chemists do. Pharmacist caused confusion and discomfort when he went to ask a question but then changed his mind when realised I was deaf.
- Several pills are boxed in 'month' lots; some are 28 days and some are 30 days which means they run out at different time intervals. This can be quite irritating as it means having to go through boxes to identify which ones need replacing now and which ones will need replacing later on. If this could be standardised it would help a great deal. I am aware that the pharmacist offers a repeat prescription service whereby they would 'do up' a prescription every month but I would then end up with too many.
- The whole team within the pharmacy matters. Important that there is a consistency within the team. Need to have an ethos within the team. Attentive to people within the community (rural setting). Be proactive and have an initiative to promote.
- The one thing that I don't like is going in at the same time as people who are getting methadone.
- Some stock issues.
- Supply really good service, provided 24-hour helpline card when seriously ill.
- Minor ailments should be free for all.
- Okay but prefer speaking to community pharmacist.
- Minor ailments and automatic prescribing really handy.
- Feel they are a big asset to a lot of people.
- Great, provide such a range of services, would visit pharmacist before the doctor.
- Take pressure off the GP services, more accessible for tests etc.
- Good flexible hours.
- Homeopathy could use expanding, consistency on prices.
- Been excellent for me and my family, very personal service.
- Speak to other users to ascertain who provides a good practice.

- Sometimes get better advice from them than I do my GP. It's really good to have a good relationship with my pharmacist as they know what my needs are. Because my pharmacist knows me, he is able to give me medication if I run out and can give me enough to tide me over until I have my prescription from the doctor.
- Pharmacist could offer more advice about long-term substance misuse problems.
- Good service but please provide booth or room.
- Private rooms help to discourage shoplifting, which can reflect badly on other methadone users.
- Sometimes chemist could explain more about changes to medication and provide more information on how to take medicines. It might be useful for some chemists to have a security guard.

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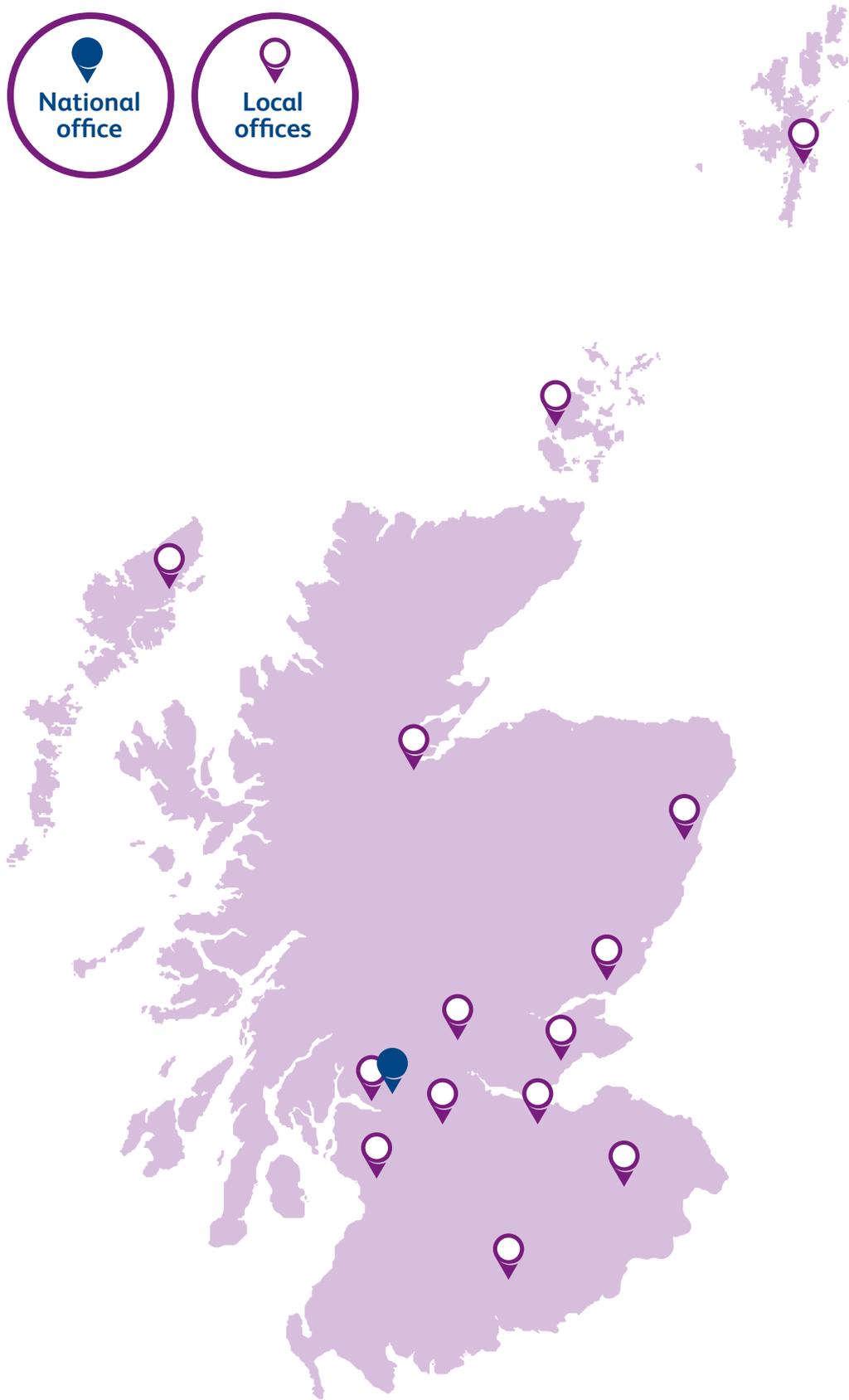
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