Responding to the *Which?* report: the way forward for pharmacy

8 July 2013
Welcome

Bob Nicholls
Chair, GPhC
Introduction

Elisabeth Paice
Event Chair
Which? pharmacies research

Joanna Pearl
Senior Health Researcher
Launched on 7 October 1957, over 55 years of heritage

Europe's largest and most trusted consumer organisation, with around 2m subscriptions across its products

Research and campaigning activities funded solely by income from our products

Which?'s reputation for independent, unbiased reporting is untouchable

Key heavyweight influencer within the corporate world and as the ultimate ‘consumer champion’

Which? magazine, the flagship product, has 637,000 subscribers each month

Which? works for you
Which?’s mission

“to ensure individuals are as powerful as the organisations they deal with in their daily lives.”
Which? research

UK’s Number 1 information provider

85 staff working in research roles

Wide range of research methods eg. laboratory testing, using trials to surveys, taste tests, expert panel assessments, situation research

Our challenge is to ensure we tap into the best available experts (both internal and external), regulators, professional and trade bodies, manufacturers and service providers to ensure that we fully understand the current issues from all sides

Research is focussed on consumer concerns and the consumer experience to ensure that we are delivering on our mission
How good is your dentist?

Primary care research

Dentists

Opticians

Opticians fail the W H I T E E Y E TEST

Our investigation reveals the opticians that are failing to provide proper eye tests, with these customers who have the most serious eye conditions receiving the worst service.

Some opticians are failing to provide thorough eye examinations and are not giving appropriate care to their customers, as our investigation finds.

For instance, including two with complete eye problems, visited opticians sometimes from large and small chains, as well as some small independent. Just under a third of one's visits every month are not up to scratch by a panel of three experts.

As an examination is to test how good an eye, it's a sector some potentially serious and noticeable problems such as glasses and diabetic. But, when our researchers carried out their visits, some opticians failed to deliver even basic service such as through questioning regarding their history, also public advice and care in prescriptions.

Greatest need, worst experience

Our investigation revealed that the worst was, our researchers, who were asked to help to work together - some of who were trained in the past, missed many glasses that would help include a difficult and driving diagnosis, and was given unnecessary prescriptions at any of their appointments.

Another research was diagnosed with a detached retina and was in an ability thinking again. Yet even after six weeks, drops were continued to be prescribed and further problems in the weeks of the eye. One of our experts said: This seems very usual.

What's your experience of dentists, good idea? A survey is a true process to receive a sure knowledge is to go beyond what we are asking of the other people, to give us more about how we are showing our service.

Which?
What seems to be the problem?

Posing as patients, we went undercover into 30 GP practices across England and found a huge variability in diagnosis. Are some GPs failing patients?

We went specially trained undercover investigators posing as one of three conditions into 30 GP practices across England. Our panel of experts – which included three charities, patient organizations and a GP expert – was asked to assess the care patients received.

POOR PRACTICE

Our research was carefully designed with our expert panel to present realistic and fair patient scenarios. In our snapshot research, all the GP practices scored very low on our ‘clinical excellence’ criteria. But surprisingly, the quality of care was not always consistent, with some practices scoring highly on other criteria.

Our panel of experts identified several key areas where care could be improved. These included:

- **Documentation**: Many practices failed to fully document patients’ medical history and treatment plans.
- **Communication**: GPs sometimes struggled to communicate effectively with patients, leading to misunderstandings and delays in treatment.
- **Follow-up**: Some patients were not given clear guidance on what to do after a visit or what to expect in terms of further treatment.

Where the possibility of heart problems was raised for a female patient, follow-up was suggested after two months, which our experts said was too long.

GIVING FEEDBACK

Patient feedback is vital in monitoring the quality of GP practices and identifying areas for improvement. However, our undercover investigators found that some practices were not proactive in seeking feedback or acting on it.

Which? has developed a comprehensive feedback system for patients to report their experiences. This includes an online platform that allows patients to share their stories and receive updates on the progress of their concerns.

Which? works for you

We are a consumer rights organization that helps people make informed choices about products and services. By providing detailed research and feedback, we aim to improve the quality of care and ensure that patients receive the best possible treatment.

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Primary care research - Pharmacies

INVESTIGATION | PHARMACIES

ARE SOME PHARMACIES FALING?

Five years on from our last investigation, we find some pharmacies are still dispensing poor-quality advice, with big differences between companies.

We used the same two scenarios - one for diabetes and one for migraines.

For the first scenario, the unsatisfactory advice given could potentially result in patients missing a serious interaction. For the second, it could also lead to medication being given out without checking suitability.

However, compared with when we ran these scenarios in 2016 (C&G), we did see some improvement - and pockets of exemplary practice. But the overall level of unsatisfactory results were worse, and we are particularly concerned about independent pharmacies.

AUTOMATIC TEXT:

INDEPENDENT PHARMACIES

Once again, we have found that the advice given by independent pharmacies is worse than that from the leading chains and supermarket

We asked companies with the highest unsatisfactory results to respond. Both Boots and Co-operative pharma had witnessed the loss of business and customer feedback, which is why they now take mystery shoppers part of national training. Both have increased their training with focus on customer experience and how to help customers. Both have also increased their training with focus on customer experience and how to help customers.

The companies say

What the companies say

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Can your pharmacist cope?

The role of pharmacists is being extended. Our research shows they’re not up to the job.

Most of us visit our local pharmacist to get a prescription dispensed, buy some painkillers, or pick up some shampoo. But new pharmacists you’ll soon be relying on them to prescribe medications as gatekeepers of health advice.

When we went undercover in the high street, we found more than 60 per cent of pharmacists gave inappropriate advice, and often failed to ask the right questions. This could have meant patients delaying visits to their GP taking drugs inappropriate for their symptoms, or suffering with untreated serious infections. We also found that many pharmacists failed to take the opportunity to give more general advice about health promotion and disease prevention.

New roles

We vigorously encouraged our pharmacists to ask patients whether the advice they were giving was satisfactory — and it made no difference whether we were talking to pharmacists or our assistants. So we asked for full details of what we found. In 21 visits, staff staff should have recommended an immediate GP visit, but only seven did so. And one pharmacist didn’t even give drug information that could have stopped the symptoms. In the other case, staff didn’t ask enough questions to ensure that the medications were safe to sell.

Lloyd’s pharmacy

A pharmacist at Lloyd’s failed to spot a potentially serious infection when our undercover researchers came to ask for advice on how to treat a sore throat. The pharmacist told us to use over-the-counter treatments and advised us to take antibiotics even if they didn’t work. This was clearly a breach of medical advice.

Our verdict

The results of our investigation are worrying. Our research raises serious concerns about the quality of advice that pharmacists are giving. It seems that pharmacists are not fully aware of their responsibilities and are failing to give proper advice to patients. As a result, patients may be receiving inappropriate medication and advice, leading to potential harm.

Which? works for you

Our investigation highlights the need for better regulation of pharmacists and the introduction of compulsory training for all pharmacists. This will ensure that pharmacists are fully aware of their responsibilities and are providing the best possible care for patients. In the meantime, consumers should be encouraged to seek advice from their GP or local community pharmacist before taking any medication.

Which? is a consumer rights organisation that aims to help people make informed choices and protect their rights. We believe that healthcare should be accessible, affordable, and of high quality. We work to ensure that patients receive the best possible care and that healthcare providers are held accountable for their actions.

Our report on pharmacists’ advice will be published soon and will detail our findings in full. We will be calling for action to address the issues raised in our investigation.
Our research was to test

- Quality of questioning and advice
- Appropriate involvement of pharmacist
The team included:

- Senior Health Researcher
- Business researcher
- Statistician
- Fieldwork manager
- Fieldworkers
- Research Manager
- Editor
- Expert panel
Expert panel

Three experienced pharmacists - two community (independent - owns small chain - and leading chain), one academic, one experience in monitoring pharmacy against contractual framework (PCT)

- Involved from start
- Jointly devised methodology and assessment criteria
- Meet to assess data
Undercover (situation) research

- 3 scenarios used
- 13 fieldworkers trained (consistency of presentation)
- 122 visits - (40 to 41 times per scenario)
- Representative sample of market with clear framework
- Covering four UK countries overall
- Fieldworkers audio-recorded visits and completed outcome sheets
- Details of all visits (blinded) input for panel
Pharmacy visits

Visits - 122

- Rowlands: 11
- Lloyds: 12
- Supermarkets: 12
- Boots: 13
- Co-operative: 13
- Superdrug: 13
- Independent shops: 48

Which? works for you
Our criteria (scenarios) summarised...

Imigran Recovery
- Asked key questions e.g. to identify migraine, assess potential suitability
- Pharmacist appropriately involved
- Good if thorough questioning/ good information

Traveller’s Diarrhoea
- Asked key questions re diarrhoea
- Recommends seeing GP
- Good if clear explanations/ advice e.g. fluid replacement

Pantoloc Control
- Asked key questions e.g. to confirm heartburn, other medication
- When Warfarin identified, pharmacy staff gave appropriate info & advice (use together warning not preclusion)
- Good if clear explanations and advice
Findings

Unsatisfactory advice 43% visits - main issue lack of questioning

Worst results Pantoloc Control - 71% visits poor (29/41 visits) - 21 not a single question

Less independent pharmacies provided satisfactory advice than leading chains/ supermarkets

Counter assistants significantly more likely to give unsatisfactory advice (2/3 poor)

Big variations in quality between companies
Trends across the last decade

- Newer POM to Ps - worse results
- Main issues - lack of questioning or wrong information
- Counter assistants give significantly worse advice (when don’t alert P)
- WHY? (speculation)
- Lack of training?
- Lack of familiarity with newer medicines?
- Lack of access to - or awareness of need to - get pharmacist support?
Managing over-the-counter (OTC) consultations in community pharmacies: Evidence Summary

Dr Mags Watson
Senior Research Fellow, Centre of Academic Primary Care
Adverse drug reaction (ADR)-related hospital admissions

6.5% (95% CI, 6.2% to 6.9%) due to ADRs; 72% classified as avoidable.

363 ADRs due to NSAIDs (including: aspirin n=218, diclofenac (n=52), ibuprofen (n=34), naproxen (n=5))

74% aspirin ADRs ~75mg dose
72% aspirin-related ADRs ~ gastro-intestinal haemorrhage

Drug Safety Updates (2012)

Simvastatin – new contraindications at higher doses (Oct)

NSAIDs (esp. Diclofenac) and cardiovascular toxicity (Oct)

Pseudoephedrine and ephedrine risk of misuse – update (Oct)

Domperidone and increased risk of serious ventricular arrhythmia/sudden cardiac death (May)

Proton pump inhibitors and hypomagnesaemia (Apr)

What do we know?

- 60-70% OTC consultations in community pharmacies managed by medicine counter assistants (MCAs)
- MCAs are the least-qualified members of the community pharmacy team
- No agency is responsible for the ongoing education and training of MCAs
The problem?

- Substantial empirical evidence of sub-optimal practice irrespective of drug/symptom/condition of interest and country of origin
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Compliance with WWHAM

Variation in total WWHAM score

WWHAM Score

5.00 4.00 3.00 2.00 1.00 0.00

Percentage of consultations

40
30
20
10
0
Variation in use of WWHAM items

Percentage of consultations where question asked/information elicited

- Who for?
- What symptoms?
- Duration of symptoms?
- Any medication tried?
- Other medication taken?

WWHAM Component
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Watson MC, Cleland JA, Bond CM.

Simulated patient visits with immediate feedback to improve the supply of over-the-counter medicines: a feasibility study.

Fam Pract 2009, 26:532-542.
Systems Approach

- Individual
- Team
- Organisation (profession, education, corporate, industry)
- Patient/customer/client
Dr Mags Watson
Centre of Academic Primary Care
University of Aberdeen, Westburn Road
Aberdeen, Scotland, AB25 2AY

Email: m.c.watson@abdn.ac.uk
Tel: 00 44 1224 437258
Fax: 00 44 1224 437285
Questions to the Panel
The way forward for pharmacy: workshop
Feedback from the workshop
Table 1

Protect 15 minutes every week for team development
Undertake regular audits
The model should be flexible and would align pharmacy with other professions
To be implemented by April 2015
Table 2

Education and training for counter assistants and all staff, plus ensuring all have access to the right information at the right time
By August 2014, the pharmacy profession, working with its clients, will be able to train and show what ‘good’ looks like and link that to appropriate regulatory checks and balances (self and external).
## Table 4

1. Leadership  
More focus on leadership training in undergraduate education and pre-reg training immediately; create a coaching environment for pharmacists to better support counter assistants (and the pharmacy team)

2. Patient education  
Raise patient awareness of importance of providing information about their meds; to expect questioning; support “tell the pharmacist” campaign across pharmacy

3. Pharmacists being more visible  
Pharmacy commits to getting pharmacists out of the dispensary, with ways of clearly identifying them and other staff, i.e. badges
Create a pharmacy recognition scheme for excellence and advice on supply of medicines linked to HLP (Healthy Living Pharmacy) GPhC standards for registered pharmacies and any country specific schemes

Create the model in three months
Test in one pharmacy in the next 12 months

Led by Pharmacy Voice and others
Pharmacists taking a greater role in staff learning and development to advance professionalism

e.g. Medicine Counter Assistant (MCA) need to have a refresher course, continuing from recruitment onwards as part of CPD
Undergraduates need better understanding of communication and role as part of the pharmacy team
Pharmacists more visibility on the counter, sharing experience

Measure: patients feedback, evidence of training/learning, development of good practice examples

Timeline: immediate start, implementation within a year
Table 7

By December 2013, all pharmacists will ensure that no medicines are sold within their pharmacy by staff who have not received appropriate training for that medicine.
Table 8

Within 12 months, to deliver research into the use of WWHAM questioning that will underpin changes to Medicine Counter Assistant (MCA) training, ensure appropriate pharmacist intervention and ensure culture change across the whole pharmacy team. This will be underpinned by better patient understanding, benefit risk and which can be piloted and evaluated.
Table 9

To renew the pharmacy contract to include an element relating to patient outcomes to develop ways of measuring these activities e.g. Healthy Living Pharmacies (HLPs) by 1 April 2014
Table 10

Each Medicine Counter Assistant (MCA) completes the essential training provided the medicines manufacturer about a product before it goes on general sale.

Urgently establish a pan pharmacy discussion to establish who owns self care from a pharmacist’s perspective.
Closing remarks

Martin Astbury
President, RPS