Consultation on developing our approach to regulating registered pharmacies

Analysis report

1. Policy background

1.1. Between May and August 2018, we consulted on proposals for developing our approach to regulating registered pharmacies.

1.2. These proposals build on the improvements we have made over the past five years and account for the ever-changing face of pharmacy – with the introduction of new service models and a greater use of technology.

1.3. We continue to be committed to the dual function of pharmacy regulation, which is to provide assurance and to drive improvement, as expressed in our strategic plan. We also remain committed to our 'outcome-focused' standards and our 'show and tell' inspection approach, introduced in 2013, which allows inspectors to consider all pharmacy services being provided and to involve the whole pharmacy team in the inspection.

1.4. However, we are planning to move away from a 'one size fits all' approach and towards more flexible, agile and responsive regulation.

2. Summary of our proposals

2.1. To achieve the above aims, we are suggesting the following changes to the way we regulate registered pharmacies:

1) **Introducing three types of inspection: routine inspections, intelligence-led inspections and themed inspections**. This would help us become more agile and more responsive to the information we hold and the intelligence we receive.

2) **Moving to unannounced inspections as a general rule.** This would allow us to make sure that inspection outcomes reflect whether the pharmacy is meeting the standards every day.

3) **Changing the inspection outcomes.** We are proposing to replace our current rating system, so that there are two overall inspection outcomes - 'standards met' or 'standards not all met', and four possible findings at a principle level - 'standards not all met', 'standards met', 'good practice' and 'excellent practice'.

4) **Requiring all standards to be met to receive an overall 'standards met' outcome**

5) **Publishing inspection reports.** We are planning to publish inspection reports, and improvement action plans when relevant, on a new website.

6) **Sharing examples of notable practice.** We are planning to publish examples of notable practice that we identify through our inspections in a 'knowledge hub' on the new website, in order to encourage continuous learning and improvement in pharmacy.

2.2.   Our consultation asked for views on the above proposals, as well as on their impact on patients and the public, pharmacy owners and the wider pharmacy team.

3.   About the consultation

3.1   Overview

3.1.1.   The consultation was open for twelve weeks, beginning on 17 May and ending on 9 August 2018. To ensure we heard from as many individuals and organisations as possible:

- We held focus groups with patients and the public to get their views on our planned approach, prior to consultation.

- We met with a number of key political stakeholders across the three countries we regulate.

- We launched an online survey, which was available for individuals and organisations to complete throughout the consultation period. We also received a number of email responses.

- We commissioned a YouGov Omnibus survey, which included questions on the consultation proposals, to hear from members of the public.

- We attended a series of stakeholder events, including Local Pharmaceutical Committee (LPC) meetings across England and a Directors of Pharmacy meeting in Scotland.

- We promoted the consultation through a press release to the pharmacy trade media, via our social media and through our online publication Regulate.

3.2   Patient focus groups

3.2.1.   We organised three focus groups with patients and members of the public, which took place in each of the three countries of Great Britain in November/December 2017.

3.2.2.   These focus groups provided valuable insights regarding the use of pharmacy services by patients and the public. Participants' feedback allowed us to test our proposals on publication and display and helped shape our thinking prior to the launch of the consultation.

3.3   Stakeholder meetings and events

3.3.1.   Over the past six months we met with a number of key political stakeholders across the three countries we regulate and outlined our proposed approach to regulating registered pharmacies. This allowed us to gauge their feedback on our proposals.

3.3.2.   In June/July 2018 GPhC inspectors attended 21 LPC events across England and a Directors of Pharmacy meeting in Scotland. They gave a presentation and facilitated a discussion on our consultation proposals, which provided some useful insights from the community pharmacy sector.

3.4 Consultation survey

3.4.1. We received a total of **812** written responses to our consultation. **685** respondents identified themselves as individuals and **127** responded on behalf of an organisation.

3.4.2. **807** respondents completed our consultation survey. The vast majority of these used the online version of the survey, while the remaining respondents submitted their response by email, using the structure of the consultation questionnaire.

3.4.3. Alongside these, we received five responses from individuals and organisations writing more generally about their views.

3.5 YouGov survey

3.5.1. We commissioned YouGov to carry out a survey, exploring the public's views on our consultation proposals, as well as on online pharmacy services, which were the subject of a separate GPhC discussion paper.

3.5.2. YouGov surveyed 2040 adults living in Great Britain and shared the survey results with the GPhC. Fieldwork was undertaken between 8 and 9 August 2018. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+).

4. Our approach to analysis and reporting

4.1. Overview

4.1.1. We have considered every response received, as well as notes from stakeholder meetings and events, in the development of our qualitative analysis of themes and issues raised in the consultation. Our thematic approach allows us to represent fairly the wide range of views put forward, whether they have been presented by individuals or organisations, and whether we have received them in writing, or heard them in meetings or events.

4.1.2. The different routes through which individuals and organisations could contribute to the consultation meant that some duplication was inevitable. For example, some organisations have met with us at one-to-one meetings and events, and have also submitted a written response. Some organisations were also able to mobilise individual members to respond to us directly.

4.1.3. The key element of this consultation was a self-selection survey, which was hosted on the Smart Survey online platform. As with any consultation, we expect that individuals and groups who view themselves as being particularly affected by the proposals, or who have strong views on the subject matter, are more likely to have responded.

4.1.4. For transparency, Appendix 1 provides a list of the organisations that have engaged in the consultation through the online survey, email responses and/or their participation in meetings and events.

4.1.5. The consultation questions are provided in Appendix 2.

4.1.6. Appendix 3 presents some additional tables on questions from the YouGov survey, referenced in the main report.

4.2.   Our approach to qualitative analysis

4.2.1.   This analysis report includes a qualitative analysis of all responses to the consultation, including online survey responses from individuals and organisations, email responses and notes from stakeholder meetings and events.

4.2.2.   A coding framework was developed to identify different issues and topics in the responses, to identify patterns, as well as the prevalence of ideas, and to help structure our analysis. The framework was built bottom up through an iterative process of identifying what emerged from the data, rather than projecting a framework set prior to the analysis of the data.

4.2.3.   The purpose of the analysis was to identify common themes in the responses of those contributing to the consultation, rather than to analyse the differences between specific groups or sub-groups of respondents.

4.2.4.   The term 'respondents' used throughout the analysis refers to those who completed the consultation survey and those who took part in stakeholder events. It includes both individuals and organisations.

4.2.5.   The YouGov survey did not contain any open-ended questions. It has thus only been captured under our quantitative analysis.

4.3.   Our approach to quantitative analysis

4.3.1.   The online consultation survey contained a number of quantitative questions, including yes/no questions and impact rating scales. All responses have been collated and analysed including those submitted by email using the consultation document. Those responding by email more generally about their views are captured under the qualitative analysis only.

4.3.2.   Responses have been stratified by type of respondent, so as not to give equal weight to individual respondents and organisational ones (potentially representing hundreds of individuals). These have, however, been presented alongside each other in the tables throughout this report, in order to help identify whether there were any substantial differences between these categories of respondents.

4.3.3.   The tables contained within this analysis report present the number of respondents selecting different answers in response to questions in the survey. The ordering of relevant questions in the survey has been followed in the analysis.

4.3.4.   Results from the YouGov survey have also been taken into account in the analysis of responses. However, the questions in that survey did not encompass all of the consultation proposals and were formulated in a different way to ensure ease of understanding by the target audience – i.e. members of the public. Hence, they have not been reported consistently in the report, but have only been captured under the respective areas where the consultation questions overlapped with questions from the YouGov survey. Some additional questions and the results of these have been included in Appendix 3.

4.3.5.   Figures in the report are shown without decimal places and have been rounded to the nearest whole number. This approach means that the percentages reported in the tables do not always add up to 100 per cent. This rounding also results in differences of up to one percentage point in the case of combining two or more response categories. In addition, whenever a figure of less than 0.5 per cent has been reported in the tables, it has been represented as <1 per cent, instead of 0 per cent.

4.4. The consultation survey structure

4.4.1. The consultation survey was structured in such a way that one or more open-ended questions followed each closed question on the consultation proposals. This allowed people to explain their reasoning, provide examples and add further comments.

4.4.2. For ease of reference, we have structured the analysis section of this report in such a way that it reflects the order of the consultation proposals. This has allowed us to present our quantitative and qualitative analysis of the consultation questions alongside each other, whereby the thematic analysis substantiates and gives meaning to the numeric results contained in the tables.

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Analysis of consultation responses and engagement activities: what we heard

5.   Introducing new types of inspection: what we heard

Table 1. Views on inspections: Breakdown of responses

Do you think the three types of inspection will:	- provide more assurance that pharmacies are meeting our standards?			- enable us to be more agile and responsive to risks or changes in pharmacy or healthcare?			- help to drive improvements through identifying and sharing good practice?		
	N and % individuals	**N and % organisations**	**Total N ind. + org.**	**N and % individuals**	**N and % organisations**	**Total N ind. + org.**	**N and % individuals**	**N and % organisations**	**Total N ind. + org.**
Yes	512 (75%)	95 (77%)	**607 (75%)**	481 (70%)	81 (66%)	**562 (70%)**	499 (73%)	88 (72%)	**587 (73%)**
No	119 (17%)	17 (14%)	**136 (17%)**	113 (17%)	17 (14%)	**130 (16%)**	106 (16%)	19 (15%)	**125 (16%)**
Don't know	53 (8%)	11 (9%)	**64 (8%)**	90 (13%)	25 (20%)	**115 (14%)**	79 (12%)	16 (13%)	**95 (12%)**
Total N of responses	**684 (100%)**	**123 (100%)**	**807 (100%)**	**684 (100%)**	**123 (100%)**	**807 (100%)**	**684 (100%)**	**123 (100%)**	**807 (100%)**

5.1.   As reflected in the figures in Table 1 above, a clear majority of both individuals and organisations (between two-thirds and three quarters) supported our proposals for the three types of inspection and thought that these would:

- provide greater assurance
- allow us to be more agile and responsive to risks or changes
- help drive improvements

5.2.   Between a quarter and over a third of respondents to the consultation survey provided open-ended comments to the respective consultation questions on inspections. The majority of these, as well as of the comments provided in stakeholder meetings and events were supportive of the general direction of travel on pharmacy inspections. They welcomed the more targeted nature and risk-based prioritisation of routine inspections.

5.2.1. There were many comments in support of intelligence-led and themed inspections, sharing the view that these would help the GPhC be more responsive to issues as and when they arise. Respondents thought that these would provide greater assurance to the public and others that the regulator listens to and responds to issues and would investigate concerns, where appropriate.

5.2.2. Some also felt that intelligence-led inspections could uncover issues in pharmacy, such as difficult working conditions, and improve the working environment for pharmacy staff, especially if submitting information/intelligence to the GPhC becomes streamlined.

5.2.3. Themed inspections were welcomed for their potential to provide a thorough insight into a particular matter, to uncover common themes and concerns and provide a useful resource for pharmacy to share learning and improve standards of service provision.

5.2.4. There were also some alternative views and suggestions on the new types of inspection. For example, some respondents were worried about the increased burden of GPhC inspections – e.g. a potential increase in the number or duration of inspections.

5.2.5. Some suggested that there needed to be a robust and transparent process for appraising the quality of information/intelligence submitted to the GPhC, in order to uncover any potential disingenuous concerns or vindictive reporting, or potential conflicts of interest. Others questioned the value of themed inspections or the use of the term 'themed inspections'.

5.2.6. We also received some additional comments / suggestions, regarding:

- the need for further clarity on the structure, aim and reporting of themed inspections, as well as on the themes that the GPhC would be inspecting against
- areas to consider during inspections, or as possible themes for themed inspections – e.g. staffing levels, absence rates, prescription direction, patient feedback, etc.
- suggested triggers for inspection – e.g. new superintendent/owner, delivery of complex services, etc.
- an opportunity for pharmacists or organisations, such as NHS England, to suggest themes for inspection
- carrying out 'undercover' inspections

6. Moving to unannounced inspections: what we heard

Table 1 YouGov. Moving to unannounced inspections

The General Pharmaceutical Council (GPhC), the pharmacy regulator for Great Britain, carries out inspections of pharmacies. Pharmacies are currently usually informed that an inspection will take place at some point in the next 4-6 weeks. The GPhC is proposing to make most pharmacy inspections unannounced. By that we mean that pharmacy staff would not be told in advance about the inspection.	N	% of total

To what extent do you agree or disagree with the following statement? **Moving from announced to unannounced pharmacy inspections will provide the public with more assurance that pharmacies meet standards for safe and effective care**		
Strongly agree	846	41%
Tend to agree	768	38%
Neither agree nor disagree	253	12%
Tend to disagree	32	2%
Strongly disagree	18	1%
Don't know	124	6%
Base: All GB adults	**2040**	**100%**

6.1.   As reflected in the table above, members of the public were strongly in favour of the approach. Seventy-nine per cent of respondents to the YouGov survey agreed with this proposal and only two per cent disagreed.[1]

Table 2. Views on the move to unannounced inspections: Breakdown of responses

Do you think that moving from announced to unannounced inspections as a general rule will provide more assurance that pharmacies are meeting our standards every day?	**N and % individuals**	**N and % organisations**	**Total**
Yes	422 (62%)	62 (50%)	**484 (60%)**
No	212 (31%)	49 (40%)	**261 (32%)**
Don't know	50 (7%)	12 (10%)	**62 (8%)**
Total N of responses	**684 (100%)**	**123 (100%)**	**807 (100%)**

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[1] Please note that, throughout the report, we have referred to the totals of agree/disagree, support/oppose, clear/not clear from the YouGov survey results. This would mean, for example, that those who 'tend to agree' or 'strongly agree' have been jointly referred to as agreeing. Please also refer to 4.3.5. above, which explains the rounding of percentages and the apparent discrepancy in some of the combined figures.

6.2.   As reflected in table 2 above, a higher percentage of individual respondents to our consultation survey were in favour of our proposal to introduce unannounced inspections as a general rule, compared to organisations.

6.2.1.   Between a quarter and a half of respondents to our consultation survey provided free-text comments to the respective consultation questions. Similar issues to those presented below were discussed at the stakeholder meetings and events.

6.2.2.   In line with the support captured in table 2 above, many respondents were in favour of the move to unannounced inspections. They thought that pharmacies should be inspection-ready all the time, rather than preparing specifically in advance of an inspection. A commonly expressed view was that visiting pharmacies without prior notice would ensure that GPhC inspectors can see the pharmacy as it operates on a day to day basis, which would eliminate the possibility of any last-minute cover-ups. A lot of respondents shared observations that there was an urge to meet standards whenever an inspection was imminent (e.g. tidying up, employing more staff, completing outstanding tasks), but standards would often slip soon after that.

6.2.3.   A large number of respondents agreed that registered pharmacies should provide the highest level of service at any point and that there should be 'no excuses' for poor performance. From their point of view, pharmacies should be meeting standards every day of the year and should have contingency plans in place to account for any eventuality – emergency or staff absence, among others.

6.2.4.   Many were also of the view that the public would feel more confident and reassured if inspections reflected the patient experience of using the pharmacy on a daily basis.

6.2.5.   A number of respondents, mainly pharmacy professionals, were in favour of unannounced inspection due to their potential to uncover potentially poor practices – e.g. low staffing levels or unfollowed standard operating procedures. They thought that these would give pharmacy owners and superintendents a stronger incentive to meet the standards and make them more accountable for the safety of pharmacy services, which could also be beneficial for the pharmacy team and, ultimately, the public. In addition, a few respondents thought that unannounced inspections might reduce staff anxiety levels, which tended to creep up whenever they knew that an inspection was imminent.

6.2.6.   A lot of respondents, however, disagreed with unannounced inspections. These were seen as unfair to pharmacists and giving the impression that they were not trusted to do the right job.

6.2.7.   Respondents often said that unannounced inspections would be disruptive and stressful for the pharmacy team, adding to the existing burden in community pharmacy. A common argument was that there might be an emergency or an isolated incident of poor performance on the particular day of the inspection, which might not show the pharmacy in its true light.

6.2.8.   Some respondents believed that unannounced inspections would see the pharmacy team unprepared and not knowing what to expect. They explained that members of the pharmacy team were not used to the terminology used by the inspector and tended to use the advance notice of an inspection as an opportunity to prepare for the practicalities, but also for mental and psychological preparation. The issue of preparation was also mentioned with regard to the responsible pharmacist or the owner/superintendent, who might want to prepare the necessary documentation, as well as some questions or topics to discuss with the inspector.

6.2.9.   Some respondents were concerned about failing patient care and safety on the day of the inspection, due to the detracted attention of the pharmacy team. Others commented that patient care would not benefit from these changes in the long term, as the pharmacy team would be 'inspection-focused' all the time, rather than focusing on providing person-centred care. There were also those who were sceptical about the potential of unannounced inspections to prevent poor practice, as those who were breaking the rules would do so regardless.

6.2.10.   Some of the consultation respondents disagreed with the approach on the basis of the inconsistency with other regulators, including the Care Quality Commission (CQC), who give advance notice of inspection to regulated premises where an inspection is likely to cause disruption or have safety implications – e.g. GP practices. Some others wanted more evidence to suggest that unannounced inspections would drive up standards, in order to substantiate the reasons behind GPhC's consultation proposal.

6.2.11.   There were also a few who perceived the move to unannounced inspections as a regressive step, as this used to be the norm at the time of the GPhC's predecessor. They worried that pharmacies would become too focused on regulatory compliance, rather than on innovation and improvement, which has been the focus of recent GPhC inspections.

6.2.12.   A group of respondents shared the view that inspections were pretty much unannounced at present, as the current window of four to six weeks gave little notice of when the inspection would actually take place.

6.2.13.   A number of respondents felt that there should not be any routine unannounced inspections. However, they supported unannounced inspections when it came to intelligence-led inspections or when inspectors were responding to specific concerns. Others felt that there should be a mixture of unannounced and announced inspections, in order to ensure that the dual aim of public assurance and driving improvement is achieved. Some respondents suggested the introduction of a different notice period (either shorter or longer), as a compromise between announced and unannounced inspections, so as to eliminate the possibility of last-minute cover-ups, but to allow for some practical and psychological preparation.

6.3.   Situations where unannounced inspections are not possible

Table 3. Views on situations where unannounced inspections not possible: Breakdown of responses

We have identified instances when it may not be possible to have an unannounced inspection. Are there any other instances we need to consider?	N and % individuals	N and % organisations	Total
Yes	154 (23%)	45 (37%)	**199 (25%)**
No	190 (28%)	39 (32%)	**229 (28%)**
Don't know	340 (50%)	39 (32%)	**379 (47%)**
Total N of responses	**684 (100%)**	**123 (100%)**	**807 (100%)**

6.3.1. As reflected in table 3 above, the majority of respondents did not think there were or could not think of any further instances where having unannounced inspection would not be possible. This view was slightly more prevalent among individual respondents, compared to organisations.

6.3.2. Around a quarter of our consultation survey respondents provided free-text comments on this question. A large number of these commented on the potential unavailability of key staff during the inspection (e.g. the owner/superintendent or pharmacy manager), due to holiday, sickness absence, maternity leave or recruitment periods. They believed that a locum working on the day might have limited knowledge of the services provided by the pharmacy or the whereabouts of key documentation. Some suggested considering a follow-up visit with the regular pharmacist or the owner/superintendent, in case they were absent during the inspection and in case there was need for clarification or further evidence.

6.3.3. A number of respondents raised the issue of the unavailability of key evidence, which could be a hindrance during an unannounced inspection. Respondents commented on the missed opportunity for the regular pharmacist to ask questions or to provide valuable evidence to the inspector, to organise and showcase the full range of the pharmacy's working practices and innovations.

6.3.4. Some settings were mentioned as particularly difficult to get access to on an unannounced basis. This included prisons, internet pharmacies with no access to the public, pharmacies located in airports, retail centres or warehouses, pharmacy hubs, etc.

6.3.5. Respondents also indicated other situations, where unannounced inspections might not be possible or could potentially have an adverse impact on patient safety. These included:

- whenever there is not enough staff to cope with the additional demand of the inspection
- exceptionally busy periods in pharmacy, such as Christmas, Boxing Day, Eid
- periods of refit or stock-taking
- pharmacies introducing new systems or services, or changing ownership
- emergencies
- extreme weather conditions
- epidemics/pandemics
- public health campaigns, such as vaccinations
- newly opened pharmacies

6.3.6. There were a few mentions of a disproportionate impact of unannounced inspections on small independents, compared to big multiples.

7. Two overall inspection outcomes: what we heard

Table 2 YouGov. The inspection outcomes

After a pharmacy inspection is carried out, the outcome will be indicated as 'standards met' or 'standards not all met'.	N	% of total

How clear, if at all, do you think this wording is for you to understand? (Please select the option that best applies)		
Very clear	853	42%
Fairly clear	715	35%
Not very clear	308	15%
Not at all clear	81	4%
Don't know	83	4%
Base: All GB adults	**2040**	**100%**

7.1.   As can be seen from the table above, the large majority (77 per cent) of respondents to the YouGov survey, agreed that the wording was clear to understand. Just under 20 per cent held the opposing view.

Table 4. Views on proposed inspection outcomes: Breakdown of responses

We propose having two possible overall outcomes from an inspection - 'standards met' and 'standards not all met'. Do you think this will make it clear to patients, the public and pharmacy owners that a pharmacy has met, or not met, the standards?	N and % individuals	N and % organisations	Total
Yes	403 (59%)	64 (52%)	**467 (58%)**
No	224 (33%)	51 (41%)	**275 (34%)**
Don't know	57 (8%)	8 (7%)	**65 (8%)**
Total N of responses	**684 (100%)**	**123 (100%)**	**807 (100%)**

7.2.   As can be seen from table 4 above, the majority of consultation survey respondents thought that the two proposed overall outcomes would make it clear to patients, the public and pharmacy owners that a pharmacy has met or not met the standards. Just over a third of respondents, however, disagreed.

7.2.1.   Up to around a half of respondents provided comments on the questions relating to inspection outcomes. Similar themes were captured in discussions held at our stakeholder meetings and events.

7.2.2.   Many expressed a view that the suggested inspection outcomes were clearer, simpler and less controversial compared to the current rating system. A number of respondents thought that, by their nature, standards were either met or not met. They felt that all pharmacies must meet all standards at all times.

7.2.3. The majority of respondents providing comments on the proposal, however, commented that the two outcomes were unclear, over-simplified and too black and white. Many respondents felt that patients and the public, as well as the media, would only see the headline and, without context, perceive it as a 'pass' or 'fail' for the pharmacy. This could easily damage the reputation of the pharmacy and jeopardise the business.

7.2.4. A significant issue was that the new binary approach failed to capture the difference between small shortcomings and big failings, meaning that a 'standards not all met' outcome would apply to a pharmacy not meeting one standard, as it would in the case of a pharmacy failing all standards. This could be worrying to the public, who might not appreciate the difference and consider the pharmacy as unsafe. Respondents believed that the nature of the standard not met and the potential impact on patient safety had to be taken into account and that there had to be a way of distinguishing between a minor issue and major non-compliance.

7.2.5. A number of respondents commented that there needed to be accompanying information to substantiate the two outcomes. They suggested providing further detail on the specific failings and the reason for these for the public and commissioners to see, as part of the report.

7.2.6. We also heard a small number of comments regarding:

- the binary approach and its perceived inability to account for excellence and thus to drive improvement

- the large number of pharmacies currently rated as 'satisfactory' – it was feared that the majority of pharmacies would, at least initially, receive a 'standards not all met' outcome, which could potentially have an impact on public trust and/or commissioning decisions

7.2.7. A number of respondents had reservations about the binary approach and suggested a more graded system instead. They thought that the world of pharmacy was far from being black and white, with nothing in between. Many favoured a system in line with the one used by CQC/OFSTED[2], which was more familiar to patients, the public and commissioners, and allowed for greater nuances in the rating of services. There were also suggestions for a percentage, traffic light, scoring or a star system, or for an intermediate category capturing 'working towards meeting standards' or 'majority of standards met'

7.2.8. Commenting on the proposed wording of 'standards not all met', some respondents welcomed the move away from the current 'satisfactory' rating, which was seen as negative and potentially ambiguous. They were satisfied that the wording of 'standards not all met' made it clear that *some* standards had been failed, not necessarily *all* of them.

7.2.9. However, some respondents expressed disagreement with the wording of 'standards not all met' and its presentation in the inspection reports. They perceived the outcome's wording and the red cross used to represent it as very negative and potentially misleading to the public.

7.2.10. There were also some suggestions for an alternative wording, including:

- 'all standards met' alongside 'not all standards met'

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[2] The rating system used by CQC and Ofsted includes four ratings, namely outstanding, good, requires improvement and inadequate.

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- 'standards all met' alongside 'standards not all met'

- 'requires improvement' / 'standards require improvement'

- 'one or more standards not met' / 'some standards not met'

- 'all applicable standards met / not met' (in case not all are applicable to the pharmacy)

8. Four findings at a principle level: what we heard

Table 5. Views on principle-level findings: Breakdown of responses

We propose having four possible findings for each of the principles - 'standards not all met', 'standards met', 'good practice' and 'excellent practice'. Do you think this will:	- provide owners, their teams and the GPhC with a way of measuring performance?			- continue to drive improvement?		
	N and % individuals	**N and % organisations**	**Total N ind. + org.**	**N and % individuals**	**N and % organisations**	**Total N ind. + org.**
Yes	509 (74%)	74 (60%)	**583 (72%)**	469 (69%)	70 (57%)	**539 (67%)**
No	111 (16%)	35 (29%)	**146 (18%)**	113 (17%)	35 (29%)	**148 (18%)**
Don't know	64 (9%)	14 (11%)	**78 (10%)**	102 (15%)	18 (15%)	**120 (15%)**
Total N of responses	**684 (100%)**	**123 (100%)**	**807 (100%)**	**684 (100%)**	**123 (100%)**	**807 (100%)**

8.1.   As is clear from table 5 above, the majority of respondents agreed that our proposed findings at a principle level would provide a way of measuring performance to owners, pharmacy teams and the GPhC – this was true for around three-quarters of individuals and 60 per cent of organisations.

8.2.   The suggestion that these findings would continue to drive improvements in pharmacy received a significant, albeit slightly smaller majority – of just under 70 per cent of individuals and under 60 per cent of organisations.

8.2.1.   Over a third of consultation respondents provided free-text comments in relation to the four inspection findings on a principle level.

8.2.2.   A number of these respondents thought that, as long as these were transparent and clearly defined, the four findings would help drive improvements in pharmacy. This was because of their ability to show to the pharmacy team where there was room for improvement, as well as recognising and celebrating success. Respondents also commented that a 'good' or 'excellent' rating was a positive thing, which gave pharmacies something to aspire to, even if such a rating was unattainable by some of them.

8.2.3.   There were also some alternative views, including that:

- having the four findings was unnecessary or too complicated and a 'met'/'not met' approach should also be applied to the individual principles

- patients and the public might be confused by the different systems used on a principle and overall level

- the potential of the four findings to drive improvement depended on them being matched by the overall outcomes

- it was hard to differentiate between 'good' and 'excellent' and adding one further finding to the two overall outcomes (e.g. 'exceeding standards') would be sufficient

- there was no incentive to improve if 'good' and 'excellent' were unattainable (this concern was based on respondents' experience of the current rating system)

- the proposed four-point rating scale was unbalanced, with three positive and one negative finding (a balanced rating scale – with two positive and two negative findings was seen as more appropriate)

9.   Not meeting one standard: what we heard

Table 3 YouGov. Not meeting one standard

As a reminder, after a pharmacy inspection is carried out, the outcome will be indicated as 'standards met' or 'standards not all met'. Currently, pharmacies have to meet 26 standards in total. The GPhC is proposing that a pharmacy must meet all the standards for registered pharmacies to get an overall outcome of 'standards met'. If a pharmacy has not met one standard, this would result in a 'standards not all met' outcome overall. **To what extent do you agree or disagree with the following statement?** **Not meeting one standard should result in the pharmacy receiving an overall outcome of 'standards not all met'**	N	% of total
Strongly agree	306	15%
Tend to agree	652	32%
Neither agree nor disagree	408	20%
Tend to disagree	430	21%
Strongly disagree	93	5%
Don't know	151	7%
Base: All GB adults	**2040**	**100%**

9.1.   Just under a half (47 per cent) of members of the public responding to the YouGov survey agreed that not meeting one standard should lead to a 'standards not all met' outcome. Just over a quarter (26 per cent) of survey respondents, however, disagreed with the proposal.

Table 6. Views on not meeting one standard: Breakdown of responses

Do you think that not meeting one standard should result in the pharmacy receiving an overall outcome of 'standards not all met'?	N and % individuals	N and % organisations	Total
Yes	209 (31%)	33 (27%)	**242 (30%)**
No	405 (59%)	77 (63%)	**482 (60%)**
Don't know	70 (10%)	13 (11%)	**83 (10%)**
Total N of responses	**684 (100%)**	**123 (100%)**	**807 (100%)**

9.2.   Table 6 above shows that a clear majority of around 60 per cent of respondents (across individuals and organisations) were against the proposal that not meeting one standard should translate in a 'standards not all met' outcome. Less than a third of respondents were in favour of this proposal.

9.2.1.   Over a half of our consultation survey respondents provided free-text comments in response to this question. As reflected in point 7.2.4 above, a large number of them felt that it was unfair to use the same broad brush for those failing one or the majority of the standards. Many thought that this should depend on the nature of the unmet standard and its potential impact on patient safety. There were also a number of suggestions for differentiation between minor and major faults, especially given that certain failings were easily rectifiable.

9.2.2.   A number of respondents were also of the opinion that the pharmacy should be given a chance to improve within a short timeframe before being assigned the rating of 'standards not all met'. This view was often accompanied by an explanation that this should mainly be the case if only one standard was failed, or if there were minor issues with compliance.

9.2.3.   Several respondents suggested that the threshold for receiving a 'standards not all met' outcome should be higher – i.e. that more than one standard would need to be failed, in order to receive such an outcome. There were also several suggestions for the addition of an intermediate category of 'standards partially met' or similar.

9.2.4.   Many respondents, however, thought that the proposal for assigning a 'standards not all met' outcome when one standard was failed was the right thing to do. They believed that standards were there to be met and that all pharmacies should meet all standards at all times. This was to ensure the provision of safe, effective and high-quality patient care. Respondents often saw the proposal as a natural extension of the binary rating system, where standards were, by definition, either met or not all met.

9.2.5.   Some respondents believed that this approach would provide further assurance to patients and the public and enhance public trust in pharmacy.

## 10.	Publishing inspection reports: what we heard

Table 4 YouGov. Publication of inspection reports

To what extent, if at all, would you support or oppose the following proposals? Publishing reports from pharmacy inspections on a website for members of the public to access	N	% of total
Strongly support	702	34%
Tend to support	859	42%
Neither support nor oppose	299	15%
Tend to oppose	69	3%
Strongly oppose	18	1%
Don't know	93	5%
Base: All GB adults	**2040**	**100%**

10.1.	As is clear from the table above, there was overwhelming support for the proposal among members of the public responding to the YouGov survey. Over three quarters (77 per cent) were in favour of publication and only four per cent were against.

Table 7. Views on publication of inspection reports: Breakdown of responses

Do you think we should publish inspection reports?	N and % individuals	N and % organisations	Total
Yes	440 (64%)	81 (66%)	**521 (65%)**
No	158 (23%)	34 (28%)	**192 (24%)**
Don't know	86 (13%)	8 (7%)	**94 (12%)**
Total N of responses	**684 (100%)**	**123 (100%)**	**807 (100%)**

10.2.	As reflected in table 7 above, around two-thirds of respondents supported the proposal for publishing inspection reports. Around a quarter of respondents were against the move to publish reports.

Table 8. Views on publication of inspection reports: Breakdown of responses

Do you think publishing inspection reports will:	- provide greater transparency about the outcome of an inspection?			- provide assurance to users of pharmacy services that pharmacies have met the standards?			- enable the pharmacy sector as a whole to use the information in the reports to improve?		
	N and % individuals	N and % organisations	Total N ind. + org.	N and % individuals	N and % organisations	Total N ind. + org.	N and % individuals	N and % organisations	Total N ind. + org.
Yes	471 (69%)	80 (65%)	**551 (68%)**	450 (66%)	76 (62%)	**526 (65%)**	446 (65%)	63 (51%)	**509 (63%)**
No	147 (22%)	32 (26%)	**179 (22%)**	156 (23%)	29 (24%)	**185 (23%)**	149 (22%)	32 (26%)	**181 (22%)**
Don't know	66 (10%)	11 (9%)	**77 (10%)**	78 (11%)	18 (15%)	**96 (12%)**	89 (13%)	28 (23%)	**117 (15%)**
Total N of responses	**684 (100%)**	**123 (100%)**	**807 (100%)**	**684 (100%)**	**123 (100%)**	**807 (100%)**	**684 (100%)**	**123 (100%)**	**807 (100%)**

10.3.   As is clear from table 8 above, the majority of individuals and organisations believed that publishing inspection reports would provide transparency and assurance to pharmacy service users. On average, around two-thirds of respondents believed this was the case, and around a fifth to a quarter of respondents disagreed.

10.4.   The view that publication would allow the pharmacy sector to use the information in reports to improve was supported by a slightly smaller majority of respondents. This was due to the weaker support among organisational respondents, whereby just above half of them agreed and just over a quarter disagreed.

10.4.1.   Between a quarter and a half of respondents provided free-text comments to the questions about the publication of inspection reports. The majority of these comments reflected the positive attitude of respondents. It was a widely shared view that publishing inspection reports was the right thing to do, as this would provide transparency, ensure accountability and give the public the opportunity to make informed decisions.

10.4.2.   Many welcomed the consistency of this approach with what is already expected of other regulators, such as the Care Quality Commission.

10.4.3.   Many also believed that publication would provide reassurance to the public that:

- poor practice is being tackled

- they can trust their pharmacy

- pharmacy services are regulated and inspected, as is the case for other services

- the standards for registered pharmacies are being consistently applied

10.4.4. A number of respondents were of the view that published inspection reports would serve as a source of information for other pharmacies on how to meet the standards. This was expected to allow them to compare themselves with others and to share and identify good practice.

10.4.5. Publication was also seen as a potential driver of improvement and a deterrent to poor practice, as by knowing that the report would be public, pharmacies would strive to meet the standards and improve. Some respondents explained that publication could lead to pride and increased staff morale, as pharmacies would be proud to display their positive inspection results.

10.4.6. A number of respondents, however, were of the opinion that publication might harm the reputation of pharmacies and undermine the public's trust in pharmacy professionals. They believed that it could detract users of pharmacy services from the pharmacy and jeopardise the business. According to some, in addition to the loss of confidence in a specific pharmacy, there might be a negative impact on other pharmacies in the chain, by association, on pharmacies' relations with commissioners, or even on the profession as a whole.

10.4.7. Some respondents commented on the potential for misuse of the information contained in inspection reports and some urged the GPhC to police this to ensure correct and proper use. For example, they mentioned:

- the media sensationalising a story around pharmacy outcomes

- the risk of improper use of the information on social media – e.g. in breach of the General Data Protection Regulation (GDPR)

- the risk of false advertising – e.g. by competitors

- the risk of deliberately using the information to tarnish a particular pharmacy's reputation – e.g. by people wishing to sue the pharmacy

- the risk of abuse of the information by certain groups – e.g. substance misusers interested in weaknesses in a pharmacy's storage of controlled drugs

- the risk of using the information to compile league tables to compare pharmacies, which might not be at all comparable

10.4.8. A frequent comment relating to the publication of inspection reports was that the public would not be interested in pharmacy reports and would not be affected by the findings. This was because they tended to choose pharmacies out of convenience, word of mouth, personal experience, or because of the range of services provided. It was mentioned that patients would be more interested in the patient satisfaction survey results, rather than reports and ratings.

10.4.9. These points were in line with what people indicated as the main factors influencing their choice of pharmacy in response to the YouGov survey. The vast majority of survey respondents (79 per cent) indicated convenience as the main factor. Previous experience, the range of services on offer and a word of mouth recommendation were also stronger influencing factors, compared to the outcome of the pharmacy's last inspection[3].

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[3] See table 7 YouGov in Appendix 3.

10.4.10. Our focus groups with patients and the public revealed similar sentiment among participants, the majority of whom believed that personal experience and recommendation would have a greater influence on them compared to reports. The publication of reports was seen as good in itself and was put in the 'good to know' rather than the 'need to know' bracket. Some of the participants felt that patients unhappy with the service received might be more likely to look for and read the reports.

10.4.11. Some respondents to the consultation survey were of the view that the public would not be able to interpret the results, as they lacked an in-depth understanding of pharmacy. They might thus misinterpret a negative report, or be overly influenced by a 'standards not all met' outcome, which could push them away from the pharmacy of their choice.

10.4.12. We received suggestions for publishing inspection reports not just on the GPhC website, but where patients and the public would look for them and expect to see them – for example on NHS choices or the pharmacy premises/website. This was also in tune with what our focus group participants requested.

10.4.13. A group of respondents were of the view that inspection reports should not be published at all, but should rather be available on request, or should only be available to pharmacy professionals and commissioners, and not to the public.

10.4.14. An alternative view was that inspection reports should be published, but only after they have been anonymised. Not identifying the specific pharmacies in the reports was thought to enable learning, but to avoid the 'naming and shaming' of individual pharmacies.

10.5. Comments on the suggested report templates

10.5.1. As part of the consultation survey, we posed a question asking for opinions on the suggested report templates. Only around one in eight respondents provided comments.

10.5.2. The majority of these suggested that the report templates were clear and helpful. The information on the overall outcome and performance against individual standards was thought to be easy to locate. The availability of the full report for those interested in this was seen as sensible and conducive to transparency. Some held the view that the detailed report was too wordy and complicated and thus only useful to pharmacies as a tool to improve, whilst the summary report was considered more than adequate for patients. We received very similar feedback in our patient focus group discussions.

10.5.3. There were some who disagreed with the wording and presentation – the red cross – of the 'standards not all met' outcome. Respondents believed that this would equate to a poor pharmacy in the eyes of patients and the public, where it might be the case of easily rectifiable issues. Patients and the public participating in our focus groups, however, appreciated the simplicity of the ticks and crosses used in the report templates.

11. Publishing improvement action plans: what we heard

Table 5 YouGov. Publishing improvement action plans

To what extent, if at all, would you support or oppose the following proposals?	N	% of total

Publishing improvement action plans for pharmacies which have not met all standards for members of the public to access		
Strongly support	614	30%
Tend to support	866	42%
Neither support nor oppose	368	18%
Tend to oppose	64	3%
Strongly oppose	25	1%
Don't know	104	5%
Base: All GB adults	**2040**	**100%**

11.1.   As demonstrated in the table above, a large majority of 73 per cent of respondents to the YouGov survey supported the publication of improvement action plans. A small minority of four per cent opposed the move.

Table 9. Views on publication of improvement action plans: Breakdown of responses

Do you think we should publish improvement action plans?	N and % individuals	N and % organisations	Total
Yes	316 (46%)	46 (37%)	**362 (45%)**
No	279 (41%)	61 (50%)	**340 (42%)**
Don't know	89 (13%)	16 (13%)	**105 (13%)**
Total N of responses	**684 (100%)**	**123 (100%)**	**807 (100%)**

11.2.   As is clear from table 9 above, the publication of improvement action plans split the opinions of respondents to the consultation survey. A larger percentage of individuals supported this proposal, compared to organisations. The majority of organisations (exactly half of them) opposed the publication of action plans.

11.3.   Over a third of respondents to our consultation survey explained their views on the publication of improvement action plans by providing comments. The majority of these were against the proposal. Respondents believed that the detail of the improvement plan should be a private matter to the pharmacy concerned. Some felt that this would not really be of use to the public. However, many agreed that information on the existence of such a plan should be available for everyone to see.

11.3.1.   There were some comments that improvement action plans may contain commercially sensitive information and that this could be misused by competitors. This echoed concerns relating to publication more generally – see 10.4.7 above.

11.4.	A number of respondents, however, supported the publication of improvement action plans, as they thought this would support transparency and aid understanding. This was also seen as a tool to drive improvement, by showcasing the exact things that pharmacies should focus on.

11.4.1.	Whilst our focus group participants were generally interested to know about the deadline for completion of the action plan and the areas for improvement, some expressed an interest in accessing the detailed improvement action plan.

11.4.2.	In addition, having an improvement action plan in place appears to impact on the attitude of members of the public towards visiting a pharmacy which has received a 'standards not all met' outcome. As reflected in tables 8 YouGov and 9 YouGov in Annex 3 of this report, the percentage of YouGov respondents who said they were likely to visit the pharmacy again increased significantly from 45 per cent to 68 per cent on the basis of knowing that the pharmacy was completing an action plan to address its shortcomings.

## 12.	Display of inspection outcomes: what we heard

Table 6 YouGov. Display of inspection outcomes in the pharmacy

To what extent, if at all, would you support or oppose the following proposals? Asking the pharmacy owner to display the outcomes of the inspection in their pharmacy	N	% of total
Strongly support	733	36%
Tend to support	901	44%
Neither support nor oppose	260	13%
Tend to oppose	55	3%
Strongly oppose	19	1%
Don't know	72	4%
Base: All GB adults	**2040**	**100%**

12.1.	As reflected in the table above, a vast majority of respondents to the YouGov survey (80 per cent) were in favour of display. Only four per cent opposed the proposal.

Table 10. Views on inspection outcome display: Breakdown of responses

Do you think pharmacy owners should be expected to display the inspection outcome in the pharmacy?	N and % individuals	N and % organisations	Total
Yes	301 (44%)	44 (36%)	**345 (43%)**

No	288 (42%)	60 (49%)	**348 (43%)**
Don't know	95 (14%)	19 (15%)	**114 (14%)**
Total N of responses	**684 (100%)**	**123 (100%)**	807 (100%)

12.2.   As shown in table 10 above, respondents were very much split in their views on the display of inspection outcomes by pharmacy owners.

12.3.   A majority of organisations (nearly half of them) opposed the proposal, whereas 36 per cent supported it. This compared with a slight majority of individuals in favour of display (44 per cent in favour and 42 per cent – against).

12.3.1.   Over a third of respondents to our consultation survey provided comments in support of their views on display. Similar comments were made in discussions at the stakeholder meetings and events.

12.3.2.   A large number of these respondents felt that the display of inspection outcomes was the right thing to do for the sake of openness and transparency. Many welcomed the consistency of this approach with the existing requirements of other regulators, such as the CQC, OFSTED and the Food Standards Agency[4]. They thought the public had the right to know how their pharmacy was performing, so they could make informed decisions. Several respondents mentioned that the display of inspection outcomes in pharmacies ensured increased accessibility, considering those who would not or could not go online to look for the result.

12.3.3.   A number of respondents felt that the display of outcomes would lead to increased patient safety and greater consistency of experience, as it would encourage owners of pharmacies to put things right if underperforming. Also, if performing well, pharmacies would be proud to display their rating.

12.3.4.   A large number of respondents, however, were of the view that display should not be mandatory but should rather be at the discretion of pharmacy owners, at least until the new system was well embedded and consistently applied. The argument was that this was not necessary if the information could be accessed elsewhere, or if it could be provided on request.

12.3.5.   Many believed that owners would be unlikely to display a negative outcome and they should not be expected to do so. It was reiterated that a 'standards not all met' rating would portray the pharmacy in a negative light and could be potentially damaging to the business and the reputation of the pharmacy.

12.3.6.   Some respondents commented that inspection outcomes were only valid at the point of issue and provided a mere snapshot in time. They were therefore perceived as potentially misleading, given that the quality of service provision could easily improve or deteriorate in the time between the outcome was displayed and the next inspection of the pharmacy.

12.3.7.   Some mentioned the practical complications of outcome display on the premises, given the lack of space and other existing requirements for display – e.g. patient satisfaction survey results.

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[4] Please note that, by law, care providers have to display their CQC ratings. This is also true for Food Standards Agency ratings in Wales and Northern Ireland. Display of the food hygiene rating sticker in England is voluntary, which is also the case for OFSTED ratings.

12.3.8.   Once more, there were respondents who doubted the usefulness of this information to patients and the public and some who mentioned the risk of misuse and false advertising by competitors.

12.3.9.   Patients taking part in our focus groups had an expectation that inspection outcomes should be displayed in the pharmacy. They did recognise that pharmacies meeting the standards would be more likely to display their outcome, but some felt that those failing the standards should be made to display theirs.

13.   The website and knowledge hub: what we heard

Table 11. Views on the website and knowledge hub: Breakdown of responses

Do you think the interactive website and knowledge hub will:	- make information easily accessible?			- encourage the sharing of knowledge within the pharmacy sector?			- enable learning from examples of standards not being met, and of good and excellent practice?			- drive improvements within pharmacy?		
	N and % individuals	N and % organisations	Total N ind. + org.	N and % individuals	N and % organisations	Total N ind. + org.	N and % individuals	N and % organisations	Total N ind. + org.	N and % individuals	N and % organisations	Total N ind. + org.
Yes	529 (77%)	100 (81%)	**629 (78%)**	483 (71%)	88 (72%)	**571 (71%)**	532 (78%)	92 (75%)	**624 (77%)**	473 (69%)	82 (67%)	**555 (69%)**
No	59 (9%)	3 (2%)	**62 (8%)**	83 (12%)	7 (6%)	**90 (11%)**	73 (11%)	4 (3%)	**77 (10%)**	86 (13%)	7 (6%)	**93 (12%)**
Don't know	96 (14%)	20 (16%)	**116 (14%)**	118 (17%)	28 (23%)	**146 (18%)**	79 (12%)	27 (22%)	**106 (13%)**	125 (18%)	34 (28%)	**159 (20%)**
Total N of responses	**684 (100%)**	**123 (100%)**	**807 (100%)**	**684 (100%)**	**123 (100%)**	**807 (100%)**	**684 (100%)**	**123 (100%)**	**807 (100%)**	**684 (100%)**	**123 (100%)**	**807 (100%)**

13.1.   The vast majority of both individuals and organisations – just under 80 per cent – believed that the interactive website and knowledge hub would make information easily accessible. A similarly high percentage of respondents thought that these would enable learning from examples of standards not being met, and of good and excellent practice.

13.2.   Just over 70 per cent of both individuals and organisations thought that the website and knowledge hub would encourage the sharing of knowledge within the pharmacy sector. Just under 70 per cent of respondents thought the proposals would drive improvements in pharmacy.

13.3.   This positive tone in relation to the proposals was also reflected in the open-ended comments, which we received from over a quarter of respondents. A significant number of them agreed that the sharing of

learning and good practice would focus pharmacy teams on achieving standards and lead to improvements in pharmacy.

13.3.1. Many shared the view that the knowledge hub was a good idea for the profession, as it could help combat the isolation of pharmacists. This was seen as especially beneficial for independent pharmacies.

13.3.2. A large number of respondents commented that the success of the knowledge hub would depend on how widely and with what intention it was used. For example, views were expressed that:

- the well-performing pharmacies would use this to become even better, while those struggling to meet the standards would be unlikely to aspire for excellence

- some pharmacies may only infrequently use the resource and only out of curiosity, rather than out of desire to learn and improve

- pharmacy professionals and/or pharmacy owners would not have the time to access and use the hub, and that it would only work effectively if people were to use it

- it was difficult to comment on the hub until it had been put into place and until it was known what the website would look like and how widely it would be used

13.3.3. Many commented that the information on the hub needed to be easily accessible in order to be helpful. This meant, for example:

- being clear, simple and visual, to aid the understanding of patients

- being linked to other information sources – e.g. NHS Choices

- allowing for searches by good and excellent practice

- showcasing how pharmacies could meet the standards

- highlighting innovation and good practice

- well-evidenced and analysed reports of themes and trends, rather than just the inspection reports

13.3.4. Other suggestions included: an email with the highlights for busy pharmacists; adding the functionality of a forum to the hub, so pharmacy professionals can share experience and examples of good practice; using the hub as a whistleblowing channel.

13.3.5. There were some comments suggesting that the reports and examples included in the hub needed to be anonymised, in order to enable learning but prevent identification.

13.3.6. Several respondents commented that the hub might not be useful to the public and that it should only be available to the profession. A few others commented that examples of good and excellent practice might not be equally applicable to different pharmacies.

14. Other general comments

14.1. A frequently raised concern, across all of the consultation questions, was that the proposals would add to the stress and bureaucratic burden of pharmacists. Comments have been made about:

- the multiple demands on pharmacy in times of reduced budgets and corporate pressures

- the lack of staff, time and/or resources to implement the proposals

- the fear of inspection, enhanced by the fear of failure

- the perception that the proposals would have a particularly strong impact on small independent pharmacies, as opposed to multiples

14.2. The need for more clarity or detail was also mentioned throughout the responses and across different consultation questions. Respondents requested more information and/or clarity around:

- the new inspection approach – i.e. commencement; proportion of different inspections (and whether pharmacies can experience more than one inspection in a year); duration of inspections; how inspections would be carried out; how the type of inspection would be determined and announced; more guidance on what is expected of pharmacies and how they can meet the standards; more guidance and support from GPhC inspectors during inspection, as well as to failing pharmacies; GPhC inspectorate capacity

- the new rating system – i.e. robust definitions, objective scoring criteria and a clear decision-making framework

- the publication process and display requirements – i.e. commencement; frequency and timing of uploads; 'life' of published records; retrospective publication; location and required length for display of inspection outcomes

- the process for reviewing reports and the right of appeal – i.e. further detail on appeal arrangements; sufficient time for the owner to review and challenge the report and outcome prior to publication

14.3. Another common theme across the responses was the request for further evidence or greater consistency. In particular respondents wanted:

- greater consistency with other regulators and regulated professions – frequently mentioned with regard to unannounced inspections, ratings and publication

- greater consistency and objectivity of GPhC processes – frequently mentioned with regard to the inspection process and ratings, so as to ensure consistency and lack of bias across GPhC inspectors, as well as ensuring appropriate quality assurance of inspection reports

- more effective use of the GPhC enforcement powers (i.e. having sanctions for non-compliant pharmacies and being able to hold owners to account) – frequently mentioned in the context of large multiples, profit-driven targets, and inadequate staffing levels, and typically brought forward by members of the pharmacy team responding to the consultation survey

- more evidence to substantiate the consultation proposals, or further discussions and trial periods prior to implementation

- more time for determining the impact and effectiveness of the new approach, once it has been applied in practice

14.4. Respondents also frequently commented that pharmacies should be given a chance to improve within a certain limited timeframe, especially in the context of unannounced inspection visits and

publication/display of inspection outcomes. A significant number of respondents, across individuals and organisations, were of the view that pharmacies should be given time to rectify their failings before publication and that the report and grading should be updated promptly afterwards, or only published at that point.

14.5. Another recurring theme in the comments was that the current approach was working well and there was no need to overhaul it completely, where it might be more suitable to adapt and refine it. This was frequently raised in relation to unannounced inspections. Some respondents shared the view that the current inspections were effectively unannounced, given the window of four to six weeks within which an inspection might take place.

15. The impact of the changes: what we heard

15.1. The impact of the changes on service users

Table 12. Impact on people using pharmacy services: Breakdown of responses

What kind of impact do you think the proposals will have on people using pharmacy services?	N and % individuals	N and % organisations	Total
Positive impact	184 (27%)	26 (21%)	**210 (26%)**
Negative impact	54 (8%)	13 (11%)	**67 (8%)**
Both positive and negative impact	325 (48%)	61 (50%)	**386 (48%)**
No impact	86 (13%)	16 (13%)	**102 (13%)**
Don't know	35 (5%)	7 (6%)	**42 (5%)**
Total N of responses	**684 (100%)**	**123 (100%)**	**807 (100%)**

15.1.1. As can be seen from table 12 above, a majority of respondents (48 per cent), across individuals an organisation, foresaw both a positive and negative impact on users of pharmacy services.

15.1.2. Around a third of our consultation survey respondents provided comments on this question. The majority of them believed that the changes would bring greater awareness and transparency, enable informed choices and provide reassurance that pharmacies are regulated and that action is being taken to address poor practice. Respondents suggested that the proposals might increase the public's confidence and trust in pharmacy and often envisaged improved standards of practice, greater consistency of experience and improved patient safety.

15.1.3. A number of respondents, however, expressed mixed views, in that a positive report might increase public trust and confidence in the profession, but a 'standards not all met' outcome might damage this confidence and cause undue concern.

15.1.4. It was reiterated by a large number of respondents that patients and the public would not really be affected by the proposals, as their choice of pharmacy was mainly guided by convenience and personal experience, and published inspection reports were unlikely to change this.

15.1.5. There were a number of comments about the potential reaction of service users to a negative outcome. It was felt that people might not fully understand the meaning of such outcome, might be confused or worried. Respondents thought that, as a result, they might wrongly assume that the pharmacy is unsafe to use, which would erode their trust. They might also make ill-informed decisions – for example, a 'standards not all met' outcome could discourage people from using a particular pharmacy and encourage a move to a different pharmacy, which might not necessarily be better (or might not provide the same range of services). In the case of patients who might not have a choice of pharmacy (e.g. people in rural communities, detainees, etc.), it might leave them frustrated and unhappy with the pharmacy they use.

15.1.6. Some respondents were of the view that the proposals – especially unannounced inspections and the proposed inspection outcomes – could act as a hindrance to the performance of pharmacies and thus have a potential negative impact on patient care and safety.

15.2. The impact of the changes on pharmacy owners

Table 13. Impact on owners of registered pharmacies: Breakdown of responses

What kind of impact do you think the proposals will have on the owners of registered pharmacies?	N and % individuals	N and % organisations	Total
Positive impact	133 (19%)	20 (16%)	**153 (19%)**
Negative impact	119 (17%)	25 (20%)	**144 (18%)**
Both positive and negative impact	355 (52%)	68 (55%)	**423 (52%)**
No impact	32 (5%)	5 (4%)	**37 (5%)**
Don't know	45 (7%)	5 (4%)	**50 (6%)**
Total N of responses	**684 (100%)**	**123 (100%)**	**807 (100%)**

15.2.1. As is clear from table 13 above, respondents envisaged both positive and negative impact of the proposals on pharmacy owners. Over a half felt that the impact on them would be mixed.

15.2.2. Around a third of our consultation survey respondents provided comments relating to this question.

15.2.3. It was common for respondents to think that the impact on pharmacy owners would depend on the inspection result and the general leadership style/attitude of the owner. Some commented that the latter would define whether they see the proposals for change as an opportunity or a threat.

15.2.4. Many felt that the proposed approach to inspection, rating and publication would help drive improvements in pharmacy, as it would reinforce good practice and force owners to act whenever their practice was not up to scratch. However, there were also those who envisaged a regulation-focused

practice, based on meeting the minimum standards and potentially resulting in greater workload and poorer wellbeing for pharmacy staff.

15.2.5. There was a large number of comments on the added stress, bureaucracy and burden on already overstretched services as a result of the proposed changes. There were, once more, some suggestions of a disproportionate impact of the changes on small independents, as opposed to multiples.

15.2.6. Some respondents believed that owners were unlikely to be impacted by the changes because they were far removed from the day to day running of the pharmacy business.

15.2.7. The opportunity arising from the consultation proposals to hold owners to account and make them more responsible for the service provided was also mentioned by some.

15.3. **The impact of the changes on the pharmacy team**

Table 14. Impact on the pharmacy team: Breakdown of responses

What kind of impact do you think the proposals will have on the pharmacy team?	N and % individuals	N and % organisations	Total
Positive impact	138 (20%)	18 (15%)	**156 (19%)**
Negative impact	149 (22%)	27 (22%)	**176 (22%)**
Both positive and negative impact	367 (54%)	68 (55%)	**435 (54%)**
No impact	10 (1%)	5 (4%)	**15 (2%)**
Don't know	20 (3%)	5 (4%)	**25 (3%)**
Total N of responses	**684 (100%)**	**123 (100%)**	**807 (100%)**

15.3.1. As reflected in table 14 above, the majority of individuals and organisations were of the view that the impact of the proposed changes on the pharmacy team would be both positive and negative.

15.3.2. Around a third of respondents provided comments on this question. A large number of them thought that the impact on pharmacies and the team would be determined by their performance. In other words:

- positive inspection results would lead to pride and incentive to continually improve service provision, in addition to willingness to publicise good practice and results, while

- negative inspection results would demoralise and demotivate pharmacy staff and owners, and they would not want their negative inspection results publicised

15.3.3. Whilst many respondents felt that the proposed changes would help drive improvement and have a positive impact on pharmacy staff, a similarly large number of respondents envisaged a more defensive, regulation-focused practise and a negative impact on pharmacy staff.

15.3.4. Those of the former view felt that the proposals would:

- give the pharmacy team clarity on what they needed to achieve and aspire to and would focus them on meeting the standards
- be helpful for owners as a trigger to improve services and hold them to account
- lead to fewer targets and better working conditions, staff development and training for the pharmacy team
- allow the team to learn from other reports and good practice

15.3.5. Those holding the latter view thought that:

- the proposals would add to the bureaucratic burden on struggling pharmacies
- unannounced inspections would add to the stress and anxiety levels of the pharmacy team
- a negative inspection report would be demoralising to the team and potentially damaging to the business
- pharmacies would be under pressure to meet the standards, which might have negative repercussions on the workload and wellbeing of pharmacy staff – e.g. further targets may be imposed on pharmacy staff by pharmacy owners (especially in multiples)
- the pharmacy team would be put under pressure during inspection about things they have little or no control over – e.g. staffing levels, condition of pharmacy, etc.

15.3.6. Some respondents mentioned a potential disproportionate impact of the changes on:

- pharmacy staff who suffer from anxiety – e.g. during unannounced inspections
- vulnerable and older pharmacists – some felt that, with various pressures and due to increasing paperwork, they might be forced to leave the profession
- part-time staff (who are often women), staff who are pregnant or returning from maternity leave – e.g. during inspection, or when they are expected to make improvements following inspection

15.4.   The impact of the changes on individuals or groups who share any of the protected characteristics

Table 15. Impact on people with protected characteristics: Breakdown of responses

Do you think anything in the proposed changes would have an impact – positive or negative – on certain individuals or groups who share any of the protected characteristics listed above?	N and % individuals	N and % organisations	Total
Yes	113 (17%)	17 (14%)	**130 (16%)**
No	380 (56%)	75 (61%)	**455 (56%)**

Don't know	191 (28%)	31 (25%)	**222 (28%)**
Total N of responses	**684 (100%)**	**123 (100%)**	**807 (100%)**

15.4.1. As is clear from table 15 above, the majority of respondents across individuals and organisations did not foresee any negative impact of the proposals on individuals or groups who share any of the protected characteristics.

15.4.2. Only around one in eight of respondents provided comments to support their views on this question.

15.4.3. Some respondents mentioned that the increased transparency and accessibility would have a positive impact on pharmacy service users, some of whom would share any of the protected characteristics – the elderly, people with disabilities and minority groups were specifically mentioned in a few of the comments.

15.4.4. There were, however, multiple comments indicating a potential negative impact on elderly populations or on people with learning or physical disabilities. Respondents felt that these users of pharmacy services might struggle if they had to relocate to another pharmacy due to a poor report and rating (they might not even have a choice of another local pharmacy). Other comments focused on their potential confusion and anxiety when faced with a negative rating, which could lead to a loss of trust in pharmacy, ruined relationship with their local pharmacy team, or medication compliance issues. There were also mentions of these groups' potential inability to benefit from the increased transparency, given that they might be IT-illiterate.

15.4.5. The adverse impact of the additional stress on pharmacy employees suffering from anxiety and other medical conditions, or on disabled or pregnant pharmacy staff was also reiterated by several respondents (see section 15.3.6 above).

15.4.6. There were also single mentions of a potential negative impact on religion and race.

16. Respondent profile

A series of introductory questions sought information on individuals' general location, and in what capacity they were responding to the survey. For pharmacy professionals, further questions were asked to identify whether they were a superintendent or a pharmacy owner. For pharmacy owners we also asked about the size of the business they owned. For organisational respondents, there was a question about the type of organisation that they worked for. The tables below present the breakdown of their responses.

16.1. Category of respondents

Table 16. Responding as an individual or on behalf of an organisation

Are you responding:	N	% of total
As an individual	684	85%
On behalf of an organisation	123	15%
Total N of responses	**807**	**100%**

16.2. Profile of individual respondents

Table 17. Individual respondents - countries

Where do you live?	N	% of total
England	570	83%
Scotland	63	9%
Wales	34	5%
Northern Ireland	2	<1%
Other	15	2%
Total N of responses	**684**	**100%**

Table 18. Profile of individual respondents

Are you responding as:	N	% of total
A pharmacist	556	81%
A pharmacy technician	93	14%
A pharmacy owner who is not registered as a pharmacist or pharmacy technician	0	0%

A member of the pharmacy team who is not registered with the GPhC (eg. a dispenser, delivery driver, a non-registrant pharmacy manager, counter assistant etc)	6	1%
A member of the public	17	2%
Other	12	2%
Total N of responses	**684**	**100%**

Table 19. Superintendent pharmacist: yes/no

Are you a superintendent pharmacist?[5]	**N**	**% of total**
Yes	85	15%
No	471	85%
Total N of responses	**556**	**100%**

Table 20. Pharmacy owner: yes/no

Are you a pharmacy owner?[6]	**N**	**% of total**
Yes	71	11%
No	578	89%
Total N of responses	**649**	**100%**

Table 21. Type of pharmacy owned

Which of the following best describes the pharmacy you own?[7]	**N**	**% of total**
Sole trader	22	32%
Partnership	13	18%
Body corporate	36	50%
Total N of responses	**71**	**100%**

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[5] This question was answered by all pharmacists.
[6] This question was answered by all pharmacists and pharmacy technicians.
[7] This question was answered by all pharmacy owners.

Table 22. Working in registered pharmacy

Do you work in a registered pharmacy?[8]	N	% of total
Yes	474	81%
No	110	19%
Total N of responses	**584**	**100%**

Table 23. Main area of work

Please choose the option below which best describes the area you mainly work in:	N	% of total
Community pharmacy	489	73%
Hospital pharmacy	70	10%
Primary care organisation	50	8%
Pharmaceutical industry	9	1%
Research, education or training	15	2%
Other (please specify)	34	5%
Total N of responses	**667**	**100%**

Table 24. Type of community pharmacy

Which of the following best describes the community pharmacy that you own or work in?[9]	N	% of total
An independent pharmacy or pharmacy chain (1-5 pharmacies)	184	38%
A small multiple pharmacy chain (6-20 pharmacies)	54	11%
A large multiple pharmacy chain (21 or more pharmacies)	251	51%
Total N of responses	**489**	**100%**

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[8] This question was answered by individuals working in pharmacy.

[9] This question was answered by individuals working in community pharmacy.

16.3. Profile of organisational respondents

Table 25. Responding on behalf of a registered pharmacy

Are you responding on behalf of a registered pharmacy?	N	% of total
Yes	78	63%
No	45	37%
Total N of responses	**123**	**100%**

Table 26. Type of registered pharmacy

Please choose the option below which best describes the pharmacy you represent.[10]	N	% of total
Community pharmacy	63	81%
Hospital pharmacy	8	10%
Pharmacy within a primary care organisation	3	4%
Other (please specify):	4	5%
Total N of responses	**78**	**100%**

Table 27. Organisational respondents: type of organisation

Please choose the option below which best describes your organisation:	N	% of total
Organisation representing patients or the public	7	15%
Organisations representing pharmacy professionals or the pharmacy sector	24	52%
NHS organisation or group	7	17%
Research, education or training organisation	0	0%
Government department or organisation	1	2%
Regulatory body	2	4%
Other (please specify)	4	9%
Total N of responses	**45**	**100%**

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[10] This question was answered by everyone representing a registered pharmacy.

Table 28. Type of community pharmacy

Please choose the option below which best describes the community pharmacy you represent.[11]	N	% of total
An independent pharmacy or pharmacy chain (1-5 pharmacies)	47	75%
A small multiple pharmacy chain (6-20 pharmacies)	4	6%
A large multiple pharmacy chain (21 or more pharmacies)	12	19%
Total N of responses	**63**	**100%**

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[11] This question was answered by everyone representing a community pharmacy.

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Appendix 1: Organisations

The following organisations engaged in the consultation through either the online survey, email responses and/or stakeholder meetings and events:

Airedale pharmacy

Alexanders pharmacy

Applegate

Association of Independent Multiple Pharmacies (AIM)

Association of Pharmacy Technicians UK (APTUK)

Avicenna Membership Services Ltd

Barnet Enfield and Haringey LPC

Blackwell Pharmacy

BLM Law

Boots UK Ltd

Bristol Community Health

Britannia Pharmacy

Broughton Park Pharmacy Ltd

Buchanhaven Pharmacy Ltd

Care Inspectorate

Care Quality Commission

CD Accountable Officers Network Scotland

County Durham & Darlington LPC

Celesio UK

CG Murray & Son Ltd

Cobrest Ltd t/a H. Lloyd Chemist

Communication Workers Union North West Safety Forum

Community Pharmacy Cheshire and Wirral

Community Pharmacy Humber

Community Pharmacy Lancashire

Community Pharmacy Lincolnshire

Community Pharmacy Scotland

Community Pharmacy Sheffield

Community Pharmacy Surrey & Sussex

Community Pharmacy West Yorkshire

Community Pharmacy Wales

Company Chemists Association

Copmanthorpe Pharmacy ltd

Coventry LPC

Crescent Pharmacy

D. R. Harris

Day Lewis Pharmacy

Department of Health

Derbyshire LPC

Direct pharmacy

Doncaster LPC

Dudley LPC

Easton day night chemist

Elms Pharmacy Ltd

Everetts Pharmacy

Ft taylor pharmacy

G Rowe Services Ltd

G&S Healthcare Ltd

Glemsford Pharmacy

Globe

Gloucestershire LPC

Greater Manchester Local Pharmaceutical Committee

Guild of Healthcare Pharmacists

H.M. Odell Limited

Health Education England

Healthcare at Home

Healthcare Improvement Scotland

Healthwatch Bedford Borough

Healthwatch Bromley

Healthwatch England

Healthwatch Lewisham

Healthwatch Milton Keynes

Healthwatch North Tyneside

Healthwatch Waltham Forest

Healthwatch West Sussex

Hospital Pharmacy Services (Nottingham) Limited

Howells & Jolley

i-dispense

Internet Pharmacy Ltd

Jennings Chemist

Khan Pharmacy

Kingston Hospital NHS Foundation Trust

Kirkmuirhill Pharmacy

Leicestershire Partnership NHS Trust

Leyes Lane Pharmacy ltd

Lincolnshire LPC

Lindsay & Gilmour

Liverpool LPC

Lloyds pharmacy

Long Eaton Healthcare Ltd

M & M Pharmacy

MD & AG Burdon Ltd

Medipharma UK Limited

Meds R Us LTD

Middleway Pharmacy

Murrays Healthcare

My Pharmacy

National Pharmacy Association

NHS Education for Scotland

NHS England

NHS England (Health and Justice commissioning)

NHS England SE KSS

NHS Grampian

NHS Greater Glasgow & Clyde

NHSE Central Midlands

North of Tyne LPC

Northampton General Hospital

Northcare Pharmacies

Northern Devon Healthcare NHS Trust

Northamptonshire LPC

Nottinghamshire LPC

Nuffield Health

Numark Ltd

O'Briens Pharmacies Ltd

PCT Healthcare Limited

PharmaCare Solutions UK Ltd

Pharmacists' Defence Association

Pharmacy Law & Ethics Association

Pharmacy London-Chair, Bexley, Bromley & Greenwich LPC-CEO & Lambeth, Southwark & Lewisham LPC-CEO

PharmaPlus Ltd

Pharmasure Ltd

Polar Speed Distribution Ltd

Prima Pharmacy

Professional Standards Authority

Pharmaceutical Services Negotiating Committee (PSNC)

Rays chemist

Rifaray Pharmacy

Riverside Pharmacy

Rotherham LPC

Rowlands Pharmacy

Royal Pharmaceutical Society

Salmina Ltd

Sandwell LPC

Scottish Government Health and Social Care Directorate

Scottish Independent Advocacy Alliance

Sheffield LPC

Shelf Pharmacy Limited

Shirley Pharmacy Ltd

Silverdale pharmacy

SKF Lo (Chemist) Ltd

South Staffordshire LPC

Spire Health Care Plc

Stepping Hill Healthcare Enterprises Limited

Sudbury Court ltd

Superdrug Stores plc

Swindon and Wiltshire LPC

Tees LPC

Walter Lloyd & Son Pharmacy

Weldricks Pharmacy

Welsh Government

Welsh Pharmaceutical Committee

Whithorn Pharmacy

WISE

www.chemist-4-u.com

York Medical Pharmacy

Appendix 2: Collated consultation questions

In the Introducing new types of inspection, section, we describe the changes we plan to make to the types of inspections we carry out.

1. Do you think the three types of inspection (routine, themed and intelligence-led) will:

    - provide more assurance that pharmacies are meeting our standards?

    - enable us to be more agile and responsive to risks or changes in pharmacy or healthcare?

    - help to drive improvements through identifying and sharing good practice?

    Please indicate 'Yes', 'No' or 'Don't know' to the questions. Please give comments explaining your responses.

2. Do you have any other comments about the types of inspection?

In the Unannounced inspections section, we describe our plans to move from announced to unannounced inspections as a general rule for routine and intelligence-led inspections.

3. Do you think that moving from announced to unannounced inspections as a general rule will provide more assurance that pharmacies are meeting our standards every day?

    Please indicate 'Yes', 'No' or 'Don't know'. Please give comments explaining your response.

4. We have identified instances when it may not be possible to have an unannounced inspection. Are there any other instances we need to consider?

    Please indicate 'Yes', 'No' or 'Don't know'.

5. Please describe the other instances we should consider.

6. Do you have any other comments on us carrying out unannounced inspections as a general rule?

In the Changes to the inspection outcomes section of the consultation document we describe the changes we plan to make to the outcomes of an inspection.

7. We propose having two possible overall outcomes from an inspection - 'standards met' and 'standards not all met'. Do you think this will make it clear to patients, the public and pharmacy owners that a pharmacy has met, or not met, the standards?

    Please indicate 'Yes', 'No' or 'Don't know'. Please give comments explaining your response.

8. We propose having four possible findings for each of the principles - 'standards not all met', 'standards met', 'good practice' and 'excellent practice'.

    Do you think this will:

    - provide owners, their teams and the GPhC with a way of measuring performance?

    - continue to drive improvement?

Please indicate 'Yes', 'No' or 'Don't know' to the questions.

Please give comments explaining your responses.

Patients have told us that a pharmacy should meet all the standards to receive a 'standards met' outcome. This means that not meeting one standard would result in the pharmacy receiving an overall outcome of 'standards not all met'.

9.   Do you think that not meeting one standard should result in the pharmacy receiving an overall outcome of 'standards not all met'?

Please indicate 'Yes', 'No' or 'Don't know'.

Please give comments explaining your response.

10.   Do you have any comments about the proposed wording of the overall outcome of an inspection, that is 'standards met' or 'standards not all met'?

11.   Do you have any other comments on the changes we are proposing to the outcomes of an inspection?

In the Publication section we describe our plans to publish individual inspection reports for routine and intelligence-led inspections and a composite report for themed inspections.

12.   Do you think we should publish inspection reports?

Please indicate 'Yes', 'No' or 'Don't know'.

Please give comments explaining your response.

13.   Do you think publishing inspection reports will:

- provide greater transparency about the outcome of an inspection?

- provide assurance to users of pharmacy services that pharmacies have met the standards?

- enable the pharmacy sector as a whole to use the information in the reports to improve?

Please indicate 'Yes', 'No' or 'Don't know' to the questions.

Please give comments explaining your responses.

14.   Do you have any suggestions about the intended format and content of the summary and detailed inspection reports? You can see samples of the new report templates on our website.

15.   Do you think we should publish improvement action plans?

Please indicate 'Yes', 'No' or 'Don't know'.

Please give comments explaining your response.

16.   Do you think pharmacy owners should be expected to display the inspection outcome in the pharmacy?

Please indicate 'Yes', 'No' or 'Don't know'.

Please give comments explaining your response.

In the Website and knowledge hub section of the consultation document we describe our plans to publish the reports on an interactive website and to introduce a knowledge hub for highlighting and sharing examples of standards not being met and of good and excellent practice.

17.   Do you think the interactive website and knowledge hub will:

- make information easily accessible?

- encourage the sharing of knowledge within the pharmacy sector?

- enable learning from examples of standards not being met, and of good and excellent practice?

- drive improvements within pharmacy?

Please indicate 'Yes', 'No' or 'Don't know' to the questions.

Please give comments explaining your responses.

In the Publishing inspection reports section, we describe the process we will follow when quality assuring and publishing inspection reports.

18.   Do you have any comments about the publication process?

Please give comments explaining your response.

Overall questions about these proposals

19.   What kind of impact do you think the proposals will people using pharmacy services?

Please indicate 'positive impact', 'negative impact', 'both positive and negative impact', 'no impact', or 'don't know'.

Please give comments explaining your response.

20.   What kind of impact do you think the proposals will have on the owners of registered pharmacies?

Please indicate 'positive impact', 'negative impact', 'both positive and negative impact', 'no impact', or 'don't know'.

Please give comments explaining your response.

21.   What kind of impact do you think the proposals will have on the pharmacy team?

Please indicate 'positive impact', 'negative impact', 'both positive and negative impact', 'no impact', or 'don't know'.

Please give comments explaining your response.

We want to understand whether our proposals may discriminate against or unintentionally disadvantage any individuals or groups sharing any of the protected characteristics in the Equality Act 2010.

These characteristics are:

- Age

- Disability

- Gender reassignment

- Marriage and civil partnership

- Pregnancy and maternity

- Race

- Religion or belief

- Sex

- Sexual orientation

22.   Do you think anything in the proposed changes would have an impact – positive or negative – on certain individuals or groups who share any of the protected characteristics listed above?

Please indicate 'yes', 'no' or 'don't know'.

Please give comments explaining your response.

23.   Do you think there will be any other impact of our proposals which you have not already mentioned?

Appendix 3: YouGov survey[12] – relevant questions and tables

Table 7 YouGov[13]. Factors influencing choice of pharmacy

For the following question, please imagine that you were looking to visit a pharmacy. **Which, if any, of the following factors would have an influence on which pharmacy you decide to visit? (Please select all that apply. If nothing in particular would have an influence on your decision of which pharmacy to visit, please select the 'Not applicable' option)[14]**	N	% of total
Convenience (i.e. in terms of location/ accessibility)	1616	79%
Whether I have previously had a positive experience with the pharmacy	775	38%
A recommendation from someone I know (e.g. a friend, a family member etc.)	191	9%
The outcome of the last inspection of the pharmacy carried out by the pharmacy regulator	53	3%
The range of products and/ or services offered by the pharmacy	575	28%
Other	70	3%
Don't know	36	2%
Not applicable - Nothing in particular would have an influence on my decision of which pharmacy to visit	196	10%
Base: All GB adults	**2040**	**100%**

Table 8 YouGov. Visiting a 'standards not all met' pharmacy again

For the following question, please imagine your local pharmacy (i.e. the one that you visit most often) had received a 'standards not all met' outcome from an inspection… How likely, if at all, would you be to visit that pharmacy again?	N	% of total

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Very likely	198	10%
Fairly likely	720	35%
Not very likely	647	32%
Not at all likely	148	7%
Don't know	327	16%
Base: All GB adults	**2040**	**100%**

Table 9 YouGov. Visiting a 'standards not all met' pharmacy (with an improvement action plan) again

For the following question, please imagine your local pharmacy (i.e. the one that you visit most often) had received a 'standards not all met' outcome from an inspection, but that you were told it was in the process of completing an 'improvement action plan'. An improvement action plan sets out the steps that a pharmacy owner will take to meet the standards that have not been met and includes a date by which the improvements will be made. The inspector from the General Pharmaceutical Council (GPhC) monitors progress and reviews whether the improvements have been made. **How likely, if at all, would you be to visit that pharmacy again?**	**N**	**% of total**
Very likely	367	18%
Fairly likely	1023	50%
Not very likely	341	17%
Not at all likely	50	2%
Don't know	259	13%
Base: All GB adults	**2040**	**100%**