Healthcare Improvement Scotland

Positive Pharmacy Experiences

Adrian MacKenzie, MAT Standards Clinical Lead

December 2024

NHS SCOTLAND

Setting the Scene

The NHS in Scotland has long supported the need for community-based services to deliver high-quality and sustainable health services. In the case of community pharmacies, 55% of pharmacies are in the 40% most deprived areas of Scotland. This is also where the greatest needs for health interventions exist, linked to increased levels of poverty, deprivation, poor housing, and substance use.

Research shows that Community Pharmacy teams give advice to around 4.4 million people in Scotland every year. Community pharmacy is widely accepted as the most accessible healthcare location often without the need to make an appointment.

With this level of accessibility and frequency of use, part of my work within HIS is ensuring that patients have a positive experience when visiting pharmacies, the outcome will be to make it a pleasurable experience to visit and work in pharmacies. Research has shown that positive healthcare experiences lead to better health outcomes with reduced rates of harm.

As I reflect on almost 30 years of being a pharmacist and my current role providing improvement support to the drug and alcohol system; I know that pharmacy teams play a crucial role in delivering positive pharmacy experiences for people impacted by substance use. The work done engaging with those who deliver and receive care has told us that there are 7 key areas that contribute to positive experiences.

7 key areas that contribute to positive experiences

1. Person-centred care: treating people with respect and dignity, and tailoring services to meet their unique needs. Ensuring that what matters to everyone is understood and where possible incorporated into their care plan. Healthcare Improvement Scotland has produced guidance to support pharmacy teams in understanding what this means in practice.
2. Trauma-informed approach: Understanding the impact of trauma and how to provide care in a way that avoids re-traumatisation is key, whilst substance use is often associated with trauma as a coping mechanism many more people who visit a pharmacy will also be impacted by trauma and will benefit from this approach. NES has produced a set of resources called the National Trauma Training Programme to help achieve the government's vision of a "trauma-informed and responsive nation and workforce" .
3. Stigma reduction: Creating a non-judgemental culture where both staff and people who use pharmacies are accepting of people affected by conditions such as substance use disorder. People who use substances remain one of the most marginalised, discriminated and stigmatised populations. The use of people first language and increased understanding of the social determinants of health will go a long way to make the changes needed. This link will guide pharmacy teams through terms that are considered less stigmatising as well as further NES TURAS materials.

4. Collaborative Care: To ensure the best outcomes and care for those who visit pharmacies, it is key that pharmacy teams work closely with other healthcare providers to provide comprehensive joined-up care.
5. Confidentiality: Ensuring that a person's privacy is respected will encourage a more open and effective interaction, leading to more effective outcomes and support around self-care. The NES TURAS pack provides a refresher on the safe handling of information.
6. Education and support: Providing people with information about their conditions and ensuring they understand the options and how they apply to them is key to supporting their recovery journey. The NES TURAS site contains updated training materials relating to many clinical conditions, the packs on alcohol and substance use have been updated.
7. Accessibility: Making pharmacy services easily accessible and reducing barriers to care are an integral part of maximising outcomes. Involving those with living and lived experience of substance use when services are being designed or reviewed will ensure that more people engage with services and the system, and that people achieve the outcomes they hope for. The Scottish Government and COSLA have recently co-produced a planning with people document that guides how to involve people in a meaningful way.

Implementation

Through the implementation of these practices, pharmacy teams can significantly improve the experience and outcomes for every one of the 2,100 people who receive advice from a community pharmacy every hour in Scotland.

As we approach the end of our current phase of work within Healthcare Improvement Scotland, we understand the system, how to support it to make necessary changes and the essential role of pharmacy in the support of those with a substance use disorder. We also recognise the need for both financial and technological resources to allow the system to reach its full potential.

As pharmacy professionals we all have the responsibility to uphold the GPhC standards, Standard 1 is focused around providing person-centred care and ensuring that this is not compromised by personal values and beliefs. Many of the changes required to improve pharmacy experiences are about attitudes and culture and thankfully even in these financially challenging times are within the gift of pharmacy teams to make the changes with little costs incurred. In the GPhC guidance "In Practice: Guidance on religion, personal values and beliefs" they pose some helpful questions that all pharmacy professionals to ensure they can demonstrate person-centred care.

The GPhC guidance provides some key questions that pharmacy professionals should ask themselves when thinking about how they can ensure and demonstrate that they have provided person centred care in this context:

- Have I considered the range of services I feel able to provide?
- Is the work location and environment suitable for me?

- Have I made the care of the person my priority?
- Have I considered the impact of my actions on the person?
- How do I handle request sensitively, without embarrassing he person?
- Have I been open with my employer about the services I feel able to provide?
- Are the right arrangements in place to make sure people come first?
- If a person has raised their religion, personal values or beliefs, have I considered how it might relate to their care?
- Have I made a record of any decisions relating to referral, including discussions with the person asking for care?

In summary, we have a duty to patients accessing services, and colleagues providing these to make the changes required to deliver positive outcomes. How are you going to make your pharmacy a better place to visit and work in?

Published | December 2024

Need information in a different format? Contact our Equality, Inclusion and Human Rights Team to discuss your needs. Email his.equality@nhs.scot or call 0141 225 6999. We will consider your request and respond within 20 days.

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.scot