



#healthyplym

Oversight and Governance

Chief Executive's Department
Plymouth City Council
Ballard House
Plymouth PL1 3BJ

Please ask for Elliot Wearne-Gould
T 01752 668000
E democraticsupport@plymouth.gov.uk
www.plymouth.gov.uk/democracy
Published 16 January 2024

HEALTH AND WELLBEING BOARD

Wednesday 24 January 2024
10.00 am
Warspite Room, Council House

Members:

Councillor Aspinall, Chair
Councillor Dr Mahony, Vice Chair
Councillors Carlyle, and Laing.

Statutory Co-opted Members:

Strategic Director for People, Director of Children's Services, NHS Devon ICB, Director for Public Health, and Healthwatch.

Non-Statutory Members:

Livewell SW, University Hospitals Plymouth NHS Trust, and the Voluntary and Community Sector.

Members are invited to attend the above meeting to consider the items of business overleaf.

This meeting will be webcast and available on-line after the meeting. By entering the meeting, councillors are consenting to being filmed, and to the use of the recording for the webcast.

You can watch any of our webcast meetings on [YouTube](#). For further information on attending Council meetings and how to engage in the democratic process please follow this link – [Get Involved](#)

Tracey Lee
Chief Executive

Health and Wellbeing Board

1. Apologies

To receive apologies for non-attendance by Health and Wellbeing Board Members.

2. Declarations of Interest

The Board will be asked to make any declarations of interest in respect of items on this agenda.

3. Chairs urgent business

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

4. Minutes

(Pages 1 - 12)

To confirm the minutes of the meeting held on 14 September 2023.

5. Questions from the public

To receive questions from the public in accordance with the Constitution.

Questions, of no longer than 50 words, can be submitted to the Democratic Support Unit, Plymouth City Council, Ballard House, Plymouth, PL1 3BJ, or email to democraticsupport@plymouth.gov.uk. Any questions must be received at least five clear working days before the date of the meeting.

6. Vaping Working Group, Progress Update

(Verbal Report)

To receive an update on the progress and plans of the Vaping Working Group.

7. Healthwatch 'Patient Experiences of Pharmacy Services' Report

(Pages 13 - 44)

To consider the Healthwatch 'Patient Experiences of Pharmacy Services' report.

8. Pharmacy and Pharmaceutical Needs Assessment update.

(Pages 45 – 46. Presentation To-Follow)

To receive an update on Pharmacy and the 'Pharmaceutical Needs Assessment'.

9. Update from NHS Devon

(Pages 47 - 50)

To receive an update from NHS Devon, as of January 2024.

10. Dementia Care

**(Pages 51 – 52.
Presentation
To-Follow)**

To receive a report on the multi-agency services available for Dementia care in the City.

11. Tracking Decisions

(Pages 53 - 56)

For the Board to review the progress of the Tracking Decisions Log.

12. Work Programme

(Pages 57 - 58)

The Board will be invited to add items to the work programme.

This page is intentionally left blank

Health and Wellbeing Board

Thursday 14 September 2023

PRESENT:

Councillor Aspinall, in the Chair.
Councillor Dr Mahony, Vice Chair.
Councillors Laing and Harrison (Substitute for Councillor Carlyle).

Co-opted Representatives: Gary Walbridge (Interim Strategic Director for People), Ruth Harrell (Director of Public Health), Tony Gravett (Healthwatch), and Chris Morley (NHS Devon ICB).

Also in attendance:

Rob Smith (Improving Lives, Plymouth), Lee Sewrey (Improving Lives, Plymouth), Emma Crowther (Interim Head of Commissioning), Michelle Thomas (Livewell SW), Dafydd Jones (GP), Rachel Silcock (Community Empowerment and Operational Lead), Sue Dann (Cabinet Member for Customer Services, Sport, Leisure & HR, and OD), Gary Wallace (Public Health Specialist), Dave Schwartz (Public Health Specialist), Rob Nelder (Consultant, Public Health), Kate Lattimore (Commissioning Officer), and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 10.00 am and finished at 1.30 pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

45. **Declarations of Interest**

There was one declaration of interest in accordance with the code of conduct:

Name	Subject	Reason	Interest
Councillor Natalie Harrison	Item 7, DPH Annual Report	Employee of Four Greens Community Trust	Registered

46. **Chairs urgent business**

There were no items of Chair's Urgent Business.

47. **Minutes**

The Board agreed the minutes of 29 June 2023 as a correct record.

48. **Questions from the public**

There were no questions from members of the public.

49. **Carers Action Plan**

Lee Sewrey (Improving Lives Plymouth), Emma Crowther (Interim Head of Commissioning), Kate Lattimore (Commissioning officer), and Michelle Thomas (Livewell SW) delivered the 'Carers Action Plan' to the Board, and highlighted the following points-

- a) The 2021 Census revealed that 23,956 people in Plymouth provided care to others, and the hours of care provided per annum had increased. Across the UK, unpaid care was valued at around £162 billion per year;
- b) The majority of carers were of working age (26-64) however, there were carers of all ages. Around 70% of unpaid care was provided by women;
- c) Unpaid carers often reported higher levels of stress, depression and anxiety, and were often more vulnerable to other pressures such as the cost of living crisis and relationship stresses;
- d) An estimated 3/5 people would become carers at some point in their lives, although many people did not recognise when they were. It was important that the health and care system was 'Care-Aware' and able to recognise carers, as these individuals could benefit from additional support and services;
- e) Local Authorities and the NHS had duties under law, to assess and provide services for carers. The new assurance framework for Adult Social Care (ASC) had a significant policy regarding unpaid carers, upon which Plymouth City Council and partners would be assessed;
- f) The Carers Strategic Partnership Board (CSPB), consisting of the key stakeholders in Health and Care organisations across Plymouth, engaged with carers and supported the implementation of the Plymouth Carers Action Plan;
- g) Many support measures had been introduced including the creation of a Carers Passport, a hospital-based carers support service, contingency planning, and the 'Mind the Gap' programme. Support was also being provided to all GP practices to establish a Carers Quality Marker self-assessment and action plan;
- h) The Caring for Carers service was provided by Improving Lives Plymouth, providing support to carers over 18 years old. Funding had been received from 'The Carers Trust' to run the Young Carers Service (18-25 year olds) however this was due to expire in March 2024;
- i) Once registered as a carer, Improving Lives Plymouth provided training opportunities, regular assessments, advice, and support groups for those providing care. There was also considerable work undertaken in partnership, to promote training and awareness of carers for health services and providers.

(A 'Young Adult Carers' video was played: <https://vimeo.com/849086170/9b139b4a28>)

Following questions, the Board discussed-

- j) The significant impact and strains experienced by individuals who became unpaid carers, particularly for those living with the person they cared for;
- k) Potential links between low 'Female Healthy Life Expectancy', and the high proportion of female carers;
- l) Promotion of services and support available to unpaid carers, by the City Council and this Board;
- m) The value of social events and interaction for carers' mental health and wellbeing, particularly socialisation with those experiencing similar circumstances, roles and responsibilities;
- n) The importance and value of offering various methods of accessing advice and support, including telephone, digital, and written media;
- o) The launch of a Healthwatch survey allowing insight into the wellbeing and isolation experienced by Plymouth carers;
- p) The likely under-recording of carer figures in census data, and the impact on school attendance and performance.

The Committee agreed to-

- 1. Request further information regarding the gender dynamics of people cared for;
- 2. Request further information regarding the numbers of people who lived with those they cared for, and the number who visited to care;
- 3. Request that the Young Carers video was shared with partner organisations and key stakeholder to ensure organisations were 'care aware';
- 4. Request that the Healthwatch carers survey is made available on the PCC website;
- 5. Note the report.

50. **Director of Public Health (DPH) Annual Report 2022**

Ruth Harrell (Director of Public Health) delivered the Director of Public Health (DPH) Annual Report 2022, and highlighted the following points-

- a) Plymouth had a City-wide plan to tackle health inequalities. It was recognised that to tackle inequalities in life expectancy and healthy life expectancy, it was important to look at the wider determinants of health such as genetics, age,

lifestyles, communities, the economy, the built environment and social activities. There were however, some external factors that were beyond Plymouth's control such as the global Covid-19 Pandemic and 'Cost of Living' pressures;

- b) Life expectancy had been on a gradually improving trend however, this had plateaued and dropped during the pandemic. Male life expectancy remained lower than female life expectancy, and life expectancy showed direct correlations with deprivation levels;
- c) The Pandemic had reduced access to early preventative care, discouraged many people from seeking early advice, and created significant pressures for the NHS. As a result, it was likely that there would be an increase in the severity and length of illnesses, and ongoing challenges for life expectancy performance recovery. During 2023 thus far, there remained excess deaths of around 6%;
- d) While life expectancy was easy to measure, it was often slow to respond to changes in policy and lifestyle. While Plymouth's life expectancy remained below the England average, it performed well against comparable neighbours with similar levels of deprivation;
- e) Healthy life expectancy for men in Plymouth had improved, reaching the England average however, healthy life expectancy for women had not changed. A priority focus for next year would be to examine what successes had been achieved for male healthy life expectancy, so that these could also be applied for females. Investigations would centre around access to health services, risk factors, economy and jobs, and lived experience;
- f) Thrive Plymouth had been launched in 2015, and a large amount of work had been undertaken with many partners across the city. Following consultation with key partners, Thrive Plymouth would be going to Cabinet in Spring 2024 to set out the plan for future activity.

Following questions, the Board discussed-

- g) Current excess deaths were largely attributed to heart, respiratory and circulatory problems. Cancer deaths were not currently in excess. Excess deaths in Plymouth were currently below the England average, at 4%;
- h) Long-Covid was responsible for many ongoing health issues, and the true effects of Covid would not be known for some time.

The Board agreed-

1. To note the contents of the report, and in particular, the concerning impact of the cost of living crisis on health and wellbeing;
2. Require the DPH to return to Cabinet in the Spring with a proposal for the future of Thrive Plymouth.

Change to the Order of Business

The board agreed to bring forward item 9, Cost of Living Action Plan.

51. **PCC - Cost of Living Action Plan**

Councillor Dann (Cabinet Member for Customer Services, Sport, Leisure & HR, and OD) gave an introduction to the PCC Cost of Living Plan and highlighted the following points-

- a) Labour were aware of many rising cost pressures across the city, including food, fuel, energy and health, and recognised the need to offer help and support to those entering and experiencing crisis; many of these households had never required support before. Labour had launched the Cost of Living Action Plan in August, and had established the Cost of Living Hub, incorporating support offered by key stakeholders across the city;
- b) A workshop had been held in July to coordinate support available across the city with over 70 organisations in attendance, including banks, employers, and the voluntary and community sector;

Ruth Harrell (Director of Public Health) and Rachel Silcock (Community Empowerment and Operational Lead) delivered a presentation on the Cost of Living Action Plan and highlighted the following points-

- c) The Cost of Living Action Plan included 4 main pillars; Offers and discounts, making money go further, crisis support, and asks of Government.
- d) Considerable communication and signposting had been undertaken to ensure support was available and visible across the city. The Cost of Living Hub detailed how to access support for finances, energy, food, families, housing, employment and skills, mental health, and warm spaces;
- e) In August alone, 2,000 people had accessed the online Cost of Living Hub, and social media posts had been viewed over 200,000 times, receiving 7,000 engagements. A media toolkit had been distributed to partner organisations to ensure their support and advice was communicated;

The Board agreed to-

- 1. Note the Cost of Living Action Plan;
- 2. Thank partner organisations for the continued support, and encourage all organisations across the city to continue striving to offer cost of living support.

52. **Healthwatch - Cost of Living**

Tony Gravett (Healthwatch) delivered a presentation on the 'Cost of Living', and highlighted the following points-

- a) At the beginning of the Cost of Living Crisis, Healthwatch England had started tracking 2,000 people over a 4 month period, to analyse the impact of rising costs on people's health and wellbeing;
- b) The analysis had identified a significant impact for those who were disabled or on means-tested benefits, particularly the 18-24 age bracket. Many people had become more likely to avoid vital health and care services due to their associated costs, including prescriptions, transport to hospital, and dental treatment. Furthermore, access to GP services was largely conducted through telephone and online systems, which were more difficult to access for those on tight budgets, due to internet provision, and call charges;
- c) Following their findings, Healthwatch England had recommended to the Department for Health and Social Care, that Primary Care teams make patients aware of pre-payment options, Dental teams offer check-ups based on individual needed to free up capacity, and more people were made aware of the healthcare travel cost scheme;
- d) Healthwatch England had identified that around a half of respondents had avoided attending or booking a dental appointment due to the cost, a third had cut down on or stopped attending private services such as physio and counselling, and half of the respondents had identified that these changes had negatively affected their ability to manage an ongoing condition. A third of people also identified that their mental health and wellbeing had deteriorated since making these changes;
- e) Healthwatch Plymouth, Devon and Torbay had conducted a local survey, which demonstrated similar results to national findings. Many people were therefore avoiding attending or scheduling medical appointments, due to the rising associated costs.

Following questions, the Board discussed-

- f) The role of Wellbeing Hubs in coordinating services for increasingly complex needs and tackling interlinking, holistic factors caused by the Cost of Living;
- g) The meaning and significance of the 'Cost of Living' as 'the cost to survive and maintain health' rather than a luxury;
- h) The integration of Pharmacists into Primary Care settings to monitor prescription uptake and collection performance.

The Board agreed to-

- I. Note the report;

2. Request further information regarding the uptake of prescriptions, and how many were never collected;
3. Recommend that the ICB work closely with Primary Care to raise awareness of financial challenges and barriers to accessing healthcare, particularly accentuated by the Cost of Living.

Change to the Order of Business

The Board agreed to bring forward item 11, Plymouth Health Determinants Research Collaborative.

53. **Plymouth Health Determinants Research Collaboration (HDRC)**

Gary Wallace (Public Health Specialist) and Ruth Harrell (Director of Public Health) delivered a presentation on the 'Plymouth Health Determinants Research Collaborative' (PHDRC), and highlighted the following points-

- a) The PHDRC was a 5 year project between Plymouth City Council (PCC), the University of Plymouth (UoP) and the Plymouth Octopus Project, funded at £4.7 MM by the National Institute of Health Research;
- b) The project had started in October 2022, and focused on facilitating and building capacity for research, to ensure evidence based decision-making was undertaken;
- c) While PCC already extensively utilised appreciative enquiry and research based decision-making, this partnership would enable broader research to inform service provision and targeting, thus ensuring maximum effectiveness. The partnership helped analyse and overcome the complex interconnected factors affecting health and wellbeing, rather than treating each issue in isolation;
- d) As part of the collaboration, PCC were currently working to develop partnership agreements, oversight and governance strategies, communication plans, evaluation and success measurement criteria, consultation, and recruitment;
- e) It was anticipated that this research could have early, positive impacts for informing the commissioning of services however, there were considerable challenges to overcome regarding 'ethics' of research, with a need to develop an ethical process which did not infringe on the right of the council to engage with its citizens.

Following questions, the Board discussed-

- f) The PHDRC would be regularly reporting into the 'Change Board' and would provide an annual summary of their work to the Health and Wellbeing Board;

The Board agreed-

1. To receive an annual update from the 'Plymouth Health Determinants Research Collaborative' (PHDRC);
2. To note the report.

54. **Vaping Report: Children and Young People**

Ruth Harrell (Director of Public Health), Dan Preece (Public Health Specialist), and Dave Schwartz (Public Health Specialist) delivered the Vaping: Children and Young People report to the Board, and highlighted the following points-

- a) The last Vaping Position statement had been brought to the Health and Wellbeing Board (H&WB) in 2019;
- b) Vaping had an important role to play in supporting people to stop smoking, and had proven a valuable tool however, it was recognised that many young people were vaping who had never smoked initially. While vaping was highly encouraged as a safer alternative to tobacco smoking, there were still risks associated with their use, and there were considerable unknowns;
- c) A consultation and review had been carried out over the summer, and it was expected that there would soon be changes to national legislation regarding vaping;
- d) Nationally, smoking rates for children and young people had declined to an all-time low however, vaping rates were increasing;
- e) Research had demonstrated that many young people started vaping 'to try it', and to experience the flavours however, many young smokers had transitioned to vaping for harm reduction, and to assist tobacco cessation. There was also a minority group of young people that used vapes for controlled/illegal substances;
- f) It was likely that Plymouth had a higher rate of vaping uptake for young people than the national average of 9% however, current figures were unreliable. This was largely due to Plymouth's levels of deprivation and wider substance misuse. Vaping rates among women and girls were higher than rates for men and boys;
- g) While it was illegal to sell or advertise vapes to anyone under the age of 18, it was not illegal for under 18s to use them;
- h) The Enforcement Team had carried out numerous test purchases of vapes in Plymouth, and had seized over 1,653 illegal vapes in 2022/23, and 166 in 2023/24;
- i) Vaping was by far the most popular and successful method of smoking cessation however, there were many misconceptions around the risk of

vaping. Following a systematic review, the Government had placed the risks from vaping on a similar level to those of regulated nicotine replacement therapy;

- j) All suspected UK adverse reactions to vaping were recorded by the Medicines and Healthcare products Regulatory Agency. From January 2010 to July 2023, there had been 958 reactions, 347 reports, and 5 fatalities associated with vaping.

Following questions, the Board discussed-

- k) The importance of clear, consistent and evidence based messaging/ communication regarding the benefits and risks of vaping;
- l) The waste and environmental harm associated with the disposal of vapes;
- m) Online sales of nicotine and flavour-based vapes was low in comparison to store sales however, this differed for illegal and controlled substances.

The Board agreed-

- I. To adopt the following position on vaping and e-cigarettes:
 - i. We recognise that vaping has a key role in driving down rates of smoking in Plymouth;
 - ii. Vaping with regulated e-cigarettes is estimated to be 95% less harmful than smoking tobacco;
 - iii. Consumers and the public deserve protection from potential harms of vaping and the use of e-cigarettes through restrictions on their sale and marketing to children and controls to ensure safety and quality;
 - iv. Stopping smoking is the best thing a person who smokes can do for their health. Our advice to people who smoke tobacco is to consider switching from smoking to vaping with e-cigarettes;
 - v. Vaping is not risk free, so our advice is: if you don't smoke, don't vape;
 - vi. Ongoing surveillance and research is crucial to detect long-term impacts on individuals and communities. If any new risks emerge, or guidance changes, we will revise our position. In the meantime, we have a vital responsibility to communicate the reliable evidence that is emerging and use it to help guide us;
 - vii. A Working Group is to look at agreeing an approach involving a wide range of partners;
 - viii. While the risk profile of vaping has not changed significantly since 2019, we are seeing a recent increase in vaping among young people and increases in

the use of unregulated illegal vapes, which have a lack of control and in some cases are harmful to people's health;

- ix. We need clear and consistent messages to the public. There is widespread public confusion about vaping and research shows people's perceptions have become less accurate. The evidence tells us vaping with regulated products is substantially less harmful than smoking with tobacco, but a growing number of people believe vaping is at least as harmful as tobacco, or say they don't know. This is important because this misperception could be preventing people who from stopping. We have a duty to provide clear messages to the public, based on the evidence. Vaping can help people who are most dependent on smoking to quit and smokers who switch to vaping reduce the risks to their health considerably.

55. **Dental Task-force Update**

Rob Nelder (Consultant, Public Health) delivered the 'Dental Taskforce' update and highlighted the following points-

- a) There were currently over 22,000 Plymouth residents on the waiting list for an NHS dentist. Around 600 children in Plymouth had a combined 4,000 teeth removed every year;
- b) The first priority of the Dental Taskforce had been to identify sources of funding. It was known that NHS Devon ICB had an annual dental underspend, and it was hoped that Plymouth's share could be retained within the city;
- c) The Dental School had held an ambition for over 4 years to establish a City Centre Dental Practice, which could support 3,500 residents on the dental waiting list. Efforts to enact this were ongoing;
- d) 5 dental chairs had been planned for the Cavell Centre. Although the Cavell Centre was not going ahead as initially intended, there was hope that funding for these chairs could continue at an alternative location;
- e) PCC were working with existing providers of dental care in the city to see if they had capacity to increase their provision;
- f) NHS Devon had arranged a Plymouth Dental Investment meeting with providers in the city, and outcomes would be monitored, and reported to this Board.

Following questions, the Board discussed-

- g) The dental underspend was likely to be in excess of £2 MM however, NHS Devon had been asked to provide exact figures;
- h) The need for a new NHS Dental Plan;

- i) There was cross party and organisation support for the need to resolve Dental pressures;

The Board agreed -

1. To note the content of the report and continue to support the Council's Corporate Plan priority of 'working with the NHS to provide better access to health, care and dentistry'.

56. **Tracking Decisions**

The Board agreed to note that 3 tracking decisions had been completed, and 2 remained in progress. The Board would receive a further update at the next meeting.

57. **Work Programme**

The Board agreed to note the work programme.

This page is intentionally left blank

Patient Experiences of Pharmacy Services

1st April 2022 – 30th September 2023

October
2023



Contents

Introduction	3
Background	3
Our findings	4
Emerging themes.....	6
Observations from our 2022 Pharmacy Services Summary	18
Summary of our latest key findings	20
What HWDPT has done so far	20
Our Recommendations.....	21
Responses from NHS Devon, Devon Local Pharmaceutical Committee and University Hospitals Plymouth	22
Appendix 1.....	25
<i>Lloyds Pharmacy, Derriford Hospital, Plymouth.....</i>	<i>25</i>
<i>Healthwatch Observations about Lloyds Pharmacy at Derriford Hospital, Plymouth.....</i>	<i>29</i>
<i>Progress to date for Lloyds at Derriford Hospital.....</i>	<i>30</i>

The information contained in this report remains the property of Healthwatch in Devon, Plymouth & Torbay and may not be reproduced without prior permission.

Introduction

Healthwatch Devon, Plymouth & Torbay (HWDPT) are the three local independent consumer champions for people using health and care services across Devon. HWDPT listens to what people say about services – what works well and what could be improved and shares what we learn with those who have the power to make change happen.

People's experiences of primary care services are what we currently hear about the most. Last quarter we noticed that more people were contacting us about pharmacy services, so we decided to look into this further.

Background

Our national partner Healthwatch England recently found that people are experiencing serious issues when trying to get their repeat prescriptions.

[Their report](#) highlights concerns raised by the public around:

- Shortages of medication
- Delays in getting repeat prescriptions issued
- Shortages of staff
- Closed pharmacies.

Recently, Community Pharmacy England announced that:

*“the latest [‘Pressures Survey’](#) confirms that **rising costs, patient demand and medicine supply issues** continue to grip community pharmacy.”*

In addition to this, the Royal Pharmaceutical Society (RPS) has published the [Pharmacy Workforce Wellbeing Roundtable Report](#), which sets out practical long-term solutions (on page 9) to address some of the issues affecting the workforce and the public's perception of the service, including:

- Public facing campaigns involving patient groups to raise awareness of pharmacy practice and

- Further research to understand the pharmacy team workloads and system stressors, such as medicine shortages and how these can be mitigated.

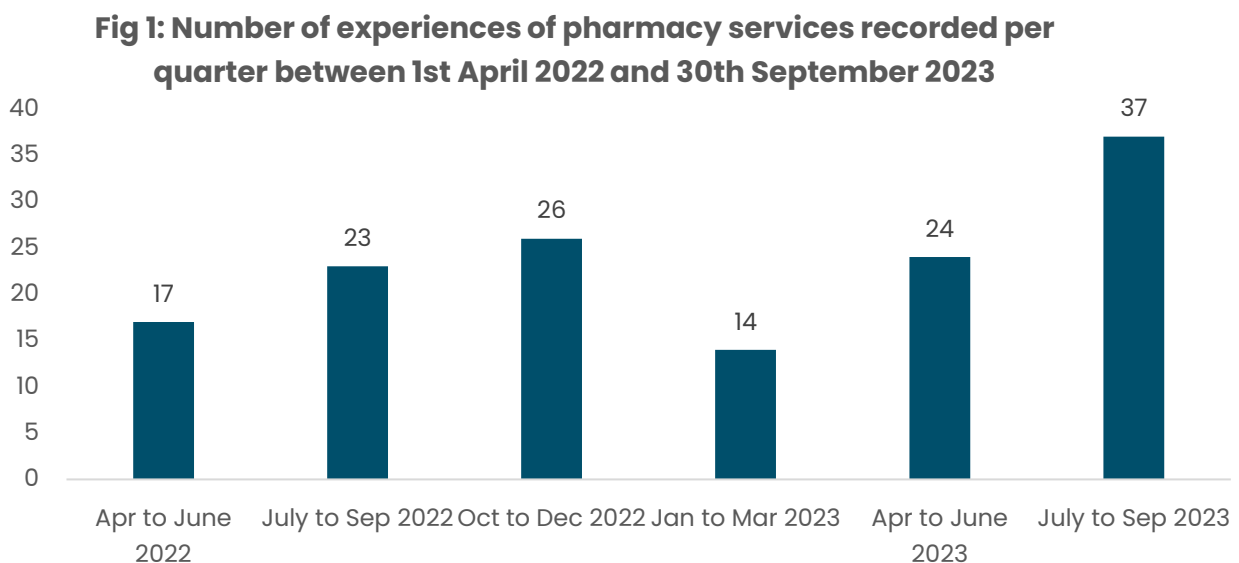
Further to contributing to the [Devon Pharmaceutical Needs Assessment 2022 – 2025](#) and publishing our 2022 report of [patient experiences of pharmacy services in Devon](#), we recently reviewed our data and found that the national findings mirror what we continue to hear from people in Devon, Plymouth and Torbay.

This latest HWDPT report sets out what patients and their relatives have told us about their experiences of pharmacy services across the county between 1st April 2022 and 30th September 2023.

Our findings

This HWDPT summary report draws on the patient experiences that we recorded over the last 18 months. Feedback was received either via one of the three HWDPT websites, or through telephone calls and emails, or via our contact centre web chat facility. Over time, we noticed that the same issues were being raised – **access to services, waiting times** and **medication delays**.

On closer scrutiny we also saw that the numbers of experiences we recorded had increased slightly at the end of last quarter compared to the previous quarter. Fig 1 shows the number of experiences we have recorded in relation to pharmacy services each quarter, since 1st April 2022.



Overall, we recorded a total of **141** experiences about Pharmacy Services across Devon, Plymouth and Torbay during the 18-month period. Fig 2 provides a breakdown of the feedback recorded within each locality by sentiment. **109** experiences shared with us (77%) were negative in sentiment and of those **82** experiences (75%) recorded related to pharmacy services in Plymouth.

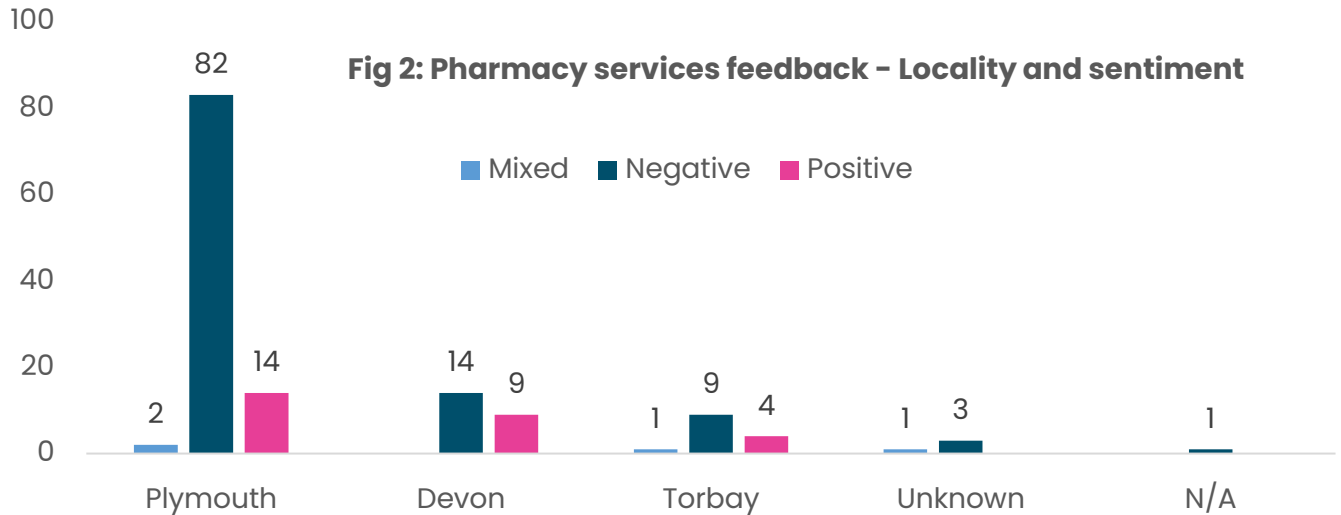


Fig 3 provides a breakdown of the feedback recorded in relation to the relevant provide network.

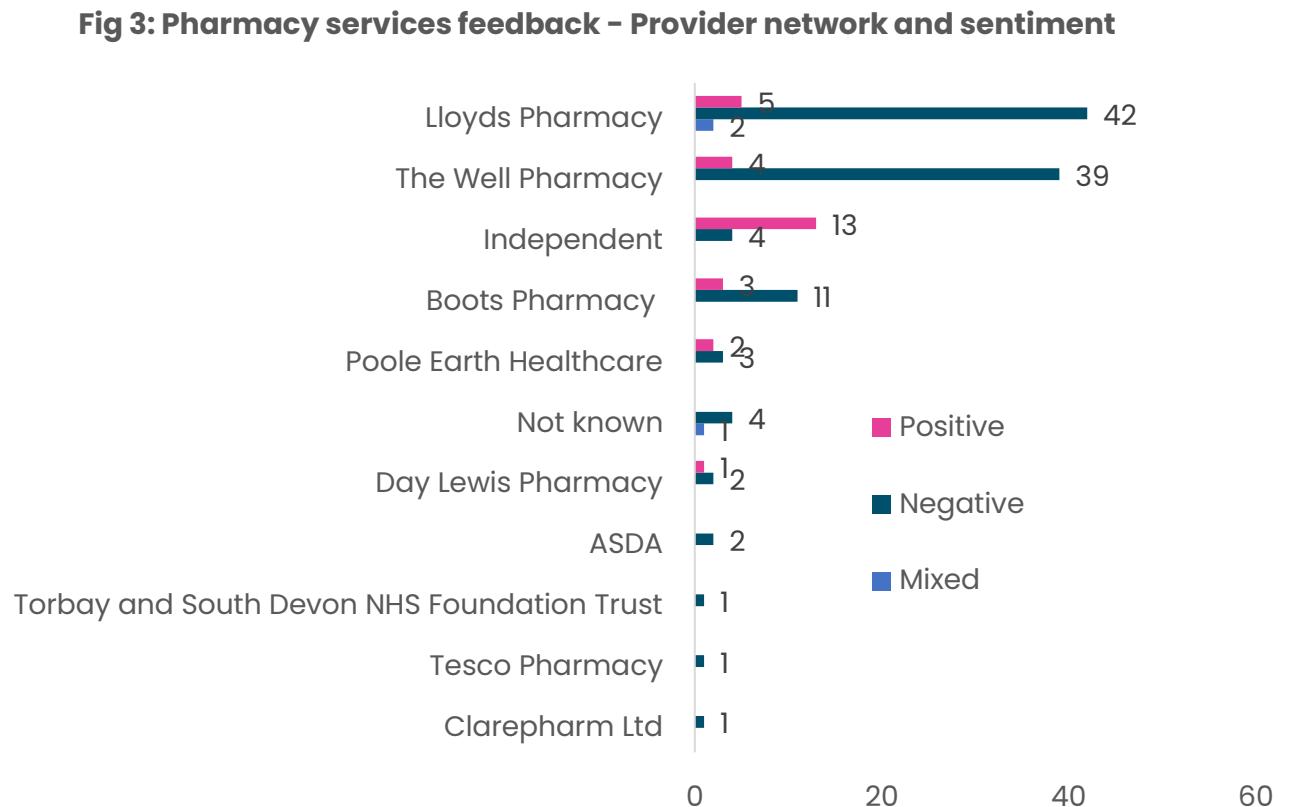
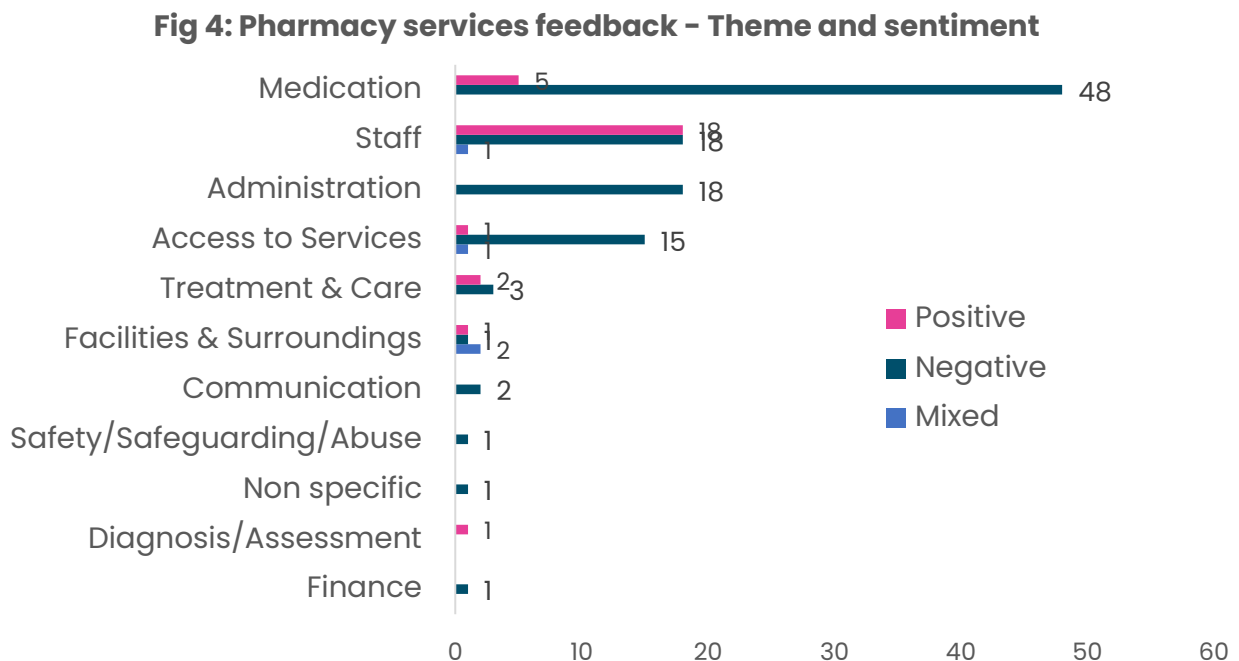


Fig 3 shows that Lloyds Pharmacy network received the most feedback overall, across Devon, Plymouth and Torbay (49 experiences, 35% of all feedback), with most of the feedback relating to the Lloyds Pharmacy, at Derriford Hospital (31 experiences, 22% of all feedback), possibly due to a higher number of people accessing this service compared to community pharmacies. As Lloyds Pharmacy at Derriford Hospital is contracted by University Hospitals Plymouth NHS Trust, this feedback will be discussed separately in the appendix of this report.

The Well Pharmacy network received 30% of the overall feedback (43 experiences in total), with all but 1 experience relating to 14 different Well Pharmacies in Plymouth. 1 experience related to a Well Pharmacy in Devon. 12 experiences (9%) related to The Well Pharmacy at Tesco Transit Way in Plymouth, 6 experiences (4%) related to The Well Pharmacy at Stirling Road, and 4 experiences (3%) related to Well Pharmacy at Knowle House Surgery. The remainder received 1 or 2 comments.

Emerging themes

Fig 4 provides a breakdown of the number of pharmacy experiences recorded for each theme and sentiment across Devon, Plymouth and Torbay combined (including Lloyds Pharmacy at Derriford Hospital).



The most common themes (89% of all experiences) discussed by people are:

- **Medication** – 53 experiences (38%)
- **Staff** – 37 experiences (26%)
- **Administration** – 18 experiences (13%)
- **Access to services** – 17 experiences (12%)

The next part of this report will focus on the top four themes and related commentary in more detail. Where commentary has been included, comments in pink are positive in sentiment and comments in blue are negative in sentiment.

Medication

Most of the experiences of pharmacy services we recorded that are themed under 'medication' relate to the collecting of prescriptions or repeat prescriptions. 48 of the 53 experiences recorded that were themed as 'medication' were negative. In many cases the problems related to patients experiencing stock issues when they went to collect their prescriptions / repeat prescriptions. In some cases, patients reported that only part of an order was able to be fulfilled, meaning the patient, or the patient's representative had to either return to the pharmacy later or on another day to collect their prescription, or attend another pharmacy.

Some patients commented on how this issue had impacted on them, either in terms of travel costs and extra time being taken to collect the remaining medications, or that the delay caused them concern for their health, as they rely on their prescription medication to manage their health conditions and to help them to stay well.

There were some positive comments which include:

"I live in the next village and do not have a car, they deliver our medication quickly and nothing is too much trouble."

"When I come to the area on holiday this pharmacy has been fantastic. I once came away without my daily medication and this pharmacy really stepped in and sorted everything out."

The following commentary illustrates some of the concerns raised relating to medication, broken down into two sub themes – **supply issues and waiting times**.

Supply issues

Many patients commented that they had been advised of a supply issue and that their prescription was not ready for them to collect – either at all or in part- despite some patients waiting several days more than they should have.

Comments include:

"I AM SUPPOSED TO HAVE MY BLISTER PACKS DELIVERED EVERY 4TH MONDAY. FOR SEVERAL MONTHS NOW THIS HAS NOT HAPPENED. I AM LEFT WITH NO MEDS, YOU CAN NEVER CONTACT THEM BY PHONE, STAFF ARE STRESSED"

*"Since 2007 when I had double bypass, I have collected my prescribed medicines pack from Okehampton's Lloyds Pharmacy every four weeks tablets for angina, painkillers like Codeine, glaucoma eye drops, blood pressure tablets, GTN spray, etc. But lately there's a delay in everything. I keep getting told that it is "supply problem." That does not help my angina pains. My GP prescribed a painkiller cream on 12th August, and I still haven't got it. * I overhear other patients on premises who have similar problems. This must be attended to right away please. I'm 81, I'm tired of all this."*

**Feedback was provided 22nd August 2022.*

"Never have enough stock of HRT patches."

"Total nightmare. Had text to say meds ready when I got there, they couldn't locate it had to reorder. It's always the same. Unwelcoming."

"They never have all my medication and I have to wait days for them to get it in we are talking about heart meds and psychiatric meds."

"Trying to get hold of the medication I need and when I need it is ridiculous. I put my prescription in with plenty of time, yet I still run out because the pharmacy cannot get my tablets from the wholesaler."

"Every time and I mean every single time without exaggeration or fear of contradiction, I have been to this Pharmacy there has been a problem. First, they can't find you on the system. Then they don't have the drugs in stock. Then they ask you to come back later. Or they say they will call you later. When you go back later matters are not resolved and you must come back tomorrow. Not once have I been called when they said they would. You then have to escalate matters to get what you need. Why are drugs not in stock? Why are doctors prescribing drugs that are not in stock and why are you causing patients unnecessary anxiety through not providing

what they need and not following up on what you will say that you will do? When I spoke to somebody in the Pharmacy about this response and I quote "That's NHS!"

"Collected a prescription to be told it was all there. Found something missing. Tried to call constantly engaged. Went all the way back to be told item is out of stock and have had to order in. They could have told me when I collected the first time. Mentioned the phone to say they have a technical issue. They have had the issue for such a long time you think it would have been sorted out by now. Now I have to go back to see if in stock and waste of petrol."

"She suffers from severe asthma and has repeat prescriptions for medication which are put in 28 days in advance. Every time she is due to collect the new package, there is a problem, i.e., the medication is not available, or prescription has not been processed. If there is another brand available, she has to go back to her GP to verify and ask him/her for an amended prescription. She points out that it is not a last-minute request, they have 28 days to process the order. She has called the customer service team to complain but the phone does not get answered."

I visited the pharmacy to collect my son's medication which was 2 weeks late in arriving (not pharmacy fault) to then I suggest when the medication did arrive could they put in the next prescription as we would be 2 weeks behind in meds and have run out 2 weeks ago which will continuously leave us short.

Waiting Times

Another frustration that patients shared their experiences about were waiting times for their prescriptions/ repeat prescriptions. In some cases, patients had not received their medication when they were told they would, or that they had been advised that a delay was due to a system or stock issue, or that the GP had not sent across their prescription request. Delays in obtaining prescriptions in some cases had led to patients becoming unwell and experiencing withdrawal symptoms. Comments include:

"Slow - prescriptions not ready-not answering telephones-can't find if prescriptions ready."

"My psychiatric medication was not there for 4 days my heart meds were 3 days without more, often I do not get all my medication, often short of staff using excuses of switch over to update of computer system, the pharmacist was having a hissy fit and

closed the door she was stressed and made sure all the customers heard this is not a one-off they will blame the doctors surgery. They know regular medication for the area they should make sure they have enough medication for their customers."

"Having to wait 50 mins for prescription even after allowing 10 days from taking request to doctors."

"Since this place was taken over at the start of the year it is the most hideous place to deal with. Having to queue for 45 mins in the rain to get served, only to be told to come back and endure the queue again 1hr later. This place never answers the phone either. Yet again this morning I have phoned 18 times. I wish I didn't have to deal with this place but asking to change pharmacy 3 times I feel kind of trapped."

"Up to 30 minutes late opening on a regular basis. Some staff are really blunt to the point of being rude. Disorganised. Prescriptions barely ready even after waiting a week as recommended (!!!!!) Turnaround of prescription is a joke."

It's been nearly 3 weeks since my prescription and they still don't have it or I have to go to the store instead of ringing to check and my time being wasted because it's not there. Awful service."

I have one repeat prescription, my doctor sends it 1-2 weeks early to give them time and yet every month without fail I am left going through withdrawals. Lloyds never have my medication ready on time, every time I call them, they tell me they never received my prescription, magically 1-2 weeks later they tell me they received it weeks ago and they are not sure why I was told they didn't. I am beyond fed up, I need this medication to function and instead I am spending 2 weeks a month with no medication and a bunch of "we don't know". communication is terrible, service is worse.

"Mess ups on medication, say they will deliver it due to my poor health then don't turn up. This is not the first time. I've run out of some of my medication now and run out of my blister packed medication tomorrow which is crucial to allowing me to live independently, without it I'll be in severe pain, suffering muscle spasms and won't have my blood pressure tablets."

"I was told on Thursday 26th August that my prescription would be ready on Friday 27 so I went up about 11 am to be told it would be ready after 3pm I got there late so the chemist was closed -so decided to get it picked up Tuesday 29/08/2023 and yes they haven't done it and maybe get it on Wednesday-this is for diabetic pills."

"I have been taking my medication for over 5 years now. And it is continuously messing my prescription about say they are ready to collect but when one of my children go to

collect, they either tell them they aren't there or only give them half of it. They have stated to myself and my children that we have to say whether it's our weekly or monthly that they are collecting which they have a yet the pharmacy still get it wrong. I am sick to death of this pharmacy not doing their job properly and forever making mistakes. I will be taking this further. I am on 26 tablets a day it is no joke that they can't do their job properly."

"She made a partially sighted elderly lady in front of me very distressed and refused her medication. I was collecting heart meds owed to my husband since last week, but she refused them saying they only had a small amount and were keeping them until their next delivery arrives. I explained that my husband's meds would run out on Saturday (they are closed Saturdays). She replied that he would be ok to miss them for a few days. He should wait to receive text. I gave her his mobile phone number (which they had never asked him for) then she dismissed me by turning away from the counter."

"I live in Axminster, Devon. There is a family-owned pharmacy in Axminster, they are excellent. They have recently taken over two Lloyds Pharmacies in Chard which were struggling, again the service they offer is excellent. Places like this really deserve recognition. Nothing is too much trouble. You phone and they answer immediately."

Staff

This theme relates to the service provided to patients by staff and staffing levels and availability. We see from many of the experiences shared with us that patients acknowledge that there are staff capacity issues, yet despite this, they can see that staff are working very hard to try and meet demand. Positive comments include:

Positive commentary

"I visited the pharmacy in considerable discomfort for advice. After thoroughly discussing the problem, the pharmacist rang Bampton Surgery who agreed to see me immediately. This is typical of the exceptional care I always receive there. We are so lucky to have them."

"Have always had good service from our local well pharmacy. We recently bought a blood pressure monitor and the pharmacist came straight over and showed us how it worked and explained it's functions and what the readings meant. He was busy at the time but gave us great customer service well done!"

"Staff always polite, friendly, and helpful. Happy to give advice and seem to really care about their clients."

"Staff here amazing nothing too much trouble they have always helped with my elderly dad's meds and pulled out stops to get them delivered really polite and friendly."

"Lead pharmacist and his team work very hard and the text to tell u medication ready to collect works really well."

"I can't thank the staff there enough! We were let down by another pharmacy in getting covid tests and were desperate ahead of an imminent Plymouth ferry departure! Time was running out and they went above and beyond the call of duty to save the day! Highly recommended and very much appreciated!"

"[Name] is amazing! She always makes sure myself or my partner is okay with our prescriptions. She always seems happy and bubbly. Best member of staff in the pharmacy."

"I went into the pharmacy to ask for advice about a minor injury. The pharmacist I spoke with was so kind, helpful and reassuring. A great service that was much appreciated."

"The Pharmacist and his Team are always Friendly Approachable Professional Supportive & a Valued Member of the Elberton Village Community. I have accessed Springfield Pharmacy since it opened; I have found them Exceptional at delivering a Reliable & Respectful Professional Pharmacy Service. I appreciate all the Efforts made by each Staff Member; Especially the Pharmacist who I find to be Sensitive & Compassionate to his Customers Individual Needs Knowledgeable & Easy to Communicate with. A True Gentleman with a Dedicated Team. Highly Recommended."

"Yesterday I popped into the Lloyd's pharmacy inside Sainsbury at The Willows, as I had a sore eye. The pharmacist was really helpful, she listened and asked pertinent questions, and was non-judgemental when I explained what I had already tried for my eye (it was my horses eye ointment)! She recommended an alternative and discussed what to do going forward, plus explained what was in the medicine that I had tried and why it wasn't a good idea to use it. My eye is now back to normal and I'm really comfortable. What a great service. Thank you. (It's a shame they are closing)."

"I get regular prescriptions from here and can't fault them. I've also needed the advice of the pharmacists on more than one occasion always receiving excellent information and signposted to appropriate services if needed. Highly recommend them to anyone"

in need of a pharmacy.”

Despite being overrun with insufficient numbers they provided a very good and kind service with a smile. The delays are down to understaffing.

“This is a very friendly, efficient, and flexible service. They are often available on the phone and are very helpful both on the phone and in person. Quite often the staff remember their patients/customers and that is a wonderful thing in this day and age. They are very helpful in trying to find solutions for prescription and minor ailment queries. No problem is too difficult! I have used this pharmacy for maybe 15 years now and find it a lifesaver.”

“I live in Axminster, Devon. There is a family-owned pharmacy called Morton's in Axminster, they are excellent. They have recently taken over two Lloyds Pharmacies in Chard which were struggling, again the service they offer is excellent. Places like this really deserve recognition. Nothing is too much trouble. You phone and they answer immediately.”

“They get there in the end.”

Negative commentary

Others felt that in their experience the quality of service they received and the way that staff communicated with them could be improved. Comments include:

“They look and see you are there and carry on as if you hadn't existed.”

“Medication not ready. Rude staff. Closed when they say it is open, huge queues with unhappy customers. Don't bother ringing they never answer the phone. In fact, just go somewhere else they are not worth the stress.”

“The pharmacist is always late; they never answer the phone and can't seem to get all medication ordered and then lose your prescription!”

Queues are terrible, prescription never ready, not enough staff, staff not enough knowledge. (I understand this isn't the staff's fault as not enough training and not

enough staff).”

“My husband waited outside the store with other customers whilst the staff were inside despite being within opening hours, staff are unhelpful, disinterested and not organised. After my husband had waited for almost an hour for his medication, he was given the wrong person’s prescription! So had to walk back to get it changed to his own.”

“Usual rummage through stacks of orders to locate. No system to find easily? Never answers phone.”

“The staff are always chatting amongst themselves. The queue can be almost out the door. They hold onto your prescription for 48 hours after it’s been sent up by the GP. Was told to come back 90 minutes which was not convenient. Would not recommend this pharmacy.”

“Person carried the needle through from the back of the pharmacy to the room in his hand with no cover on. He did not ask if I had any allergies and I had not given this information prior to the visit. He kept stopping and starting when giving the injection which made it painful. A technique Unlike any other injection I have been given. When I tried to speak to the manager on that day, she became defensive and was unhelpful.”

“No eye contact, no facial expression, and no communication skills (other than a grunt). Hello...we are customers not something you trod in Will never set foot in there again.”

“They don’t get prescriptions ready on time. Lie on the phone and say it’s ready turn up to pick it up and they say no it’s not and nobody said that. Make you wait half an hour with 5 other people waiting too. Staff work with sunglasses on their head. Are snobby and rude when you talk to them. Made my mum feel so uncomfortable that she won’t pick up her own prescription anymore as the staff were so rude to her.”

I was told initially that my prescription would be ready in half an hour, they had a system in place where they dealt with prescriptions as they came in and gave everyone a number. I enquired on multiple occasions as to the hold up with my prescription, as people that had come in long after me were being attended too, I was told on more than one occasion that the manager was bagging up my prescription. I waited well over an hour! The staff are incredibly unprofessional, calling clientele “love, darling, sweetheart and honey”, [...] I’m left wondering are the staff so lax, lazy, and useless because people coming to them from the hospital are left with no other option

other than to use their service? When I was there, they gave a man picking up his relative's prescription, something that he was allergic too. They then proceeded to take it back leaving the man with no pain relief! Is this really the human and compassionate side to the NHS, this pharmacy is in desperate need of a manager who can manage, and staff that are at the very least barely competent!"

"Terrible telephone experience with a female member of staff at this pharmacy. I only called to ask if there was any possibility of my medication being delivered as I'm currently housebound due to my illness and had no one available to collect my medication for me. I was brushed off immediately without explanation as wasting their time and was made to feel inadequate. She hung up on me when I confronted her with regards to her awful telephone manner, says it all!"

Access to services

Access to services – either by telephone or in person – was a common theme identified from the experiences shared with us. Experiences mainly focussed on **pharmacy closures** and **unanswered telephone calls**.

Pharmacy Closures

Several people commented that they have found pharmacies to be closed at short notice when they have arrived to collect their medications. Comments include:

"I have walked up to struggled up to [branch name] Boots on numerous occasions lately only to find they have been closed in the morning due to staff shortage sickness and to come back in the afternoon."

"Phoned to check on prescription and told it was ready Arrived at 4pm to find it closed and no info when it would be open."

"Closed for whole afternoons without warning very inconvenient."

"Lloyds pharmacy closed without notice or informing patients or neighbouring pharmacies. Causing additional pressures on other providers and on GP surgeries. They have a contract with the NHS to provide pharmaceutical services during these

hours, yet NHS England do nothing to ensure Lloyds fulfil this contract leaving patients unable to access their medication."

"Appalling service at Lloyds chemist in [town] 2 branches in town, regularly shutting for days, unable to get prescriptions this is an ongoing problem how are residents supposed to obtain their medications, it is causing severe distress when we run out of meds and unable to access chemist despite several visits, staff don't seem to know what is going on and just say to try another day!"

"Honiton surgery has up to now had a pharmacy next to surgery which has been very convenient for both patients and the GP surgery. They have now moved to New Street close to the railway station, which makes it much harder for patients visiting the surgery to get their prescription and I am sure it is not convenient for the GP surgery either. Why do they make changes which is making life more difficult for all rather than easier? Lots of the patients are elderly who rely on Trip Community transport for the GP surgery, this now means they have an extra journey to the pharmacy before they can collect their prescription."

Unanswered telephone calls

Many people commented that they had tried to phone their pharmacy, but their call had not been answered. Comments include:

"When I ring, I never get an answer tried 26 times in one day end up going there and there's a massive queue and then get told have to half an hour if they answer the phone, it could be done but they don't."

"Shambles of a service, never answer the phone, long queues in store, not enough staff working."

"Why oh why can I never contact this pharmacy by telephone just to ask a simple question where the rest of my prescription is."

"Never answer the phone. I don't know why this chemist is there I have already complained to them, but they don't take any notice."

"My mother doesn't drive, and her hearing is poor! She relies on myself for her caring needs! I tried phoning the Pharmacy and they don't pick up phone! My mother needs delivery service for her meds."

"Never answer the phone, rude, not organised, not helpful never get the prescription right, always left short."

No answer from pharmacy team even though I needed to know about a script. I had to call my GP if script not there by 4.30. Can't even get hold of manager or customer service."

"I have waited over a week from my GP sending my script to the pharmacy and cannot get the pharmacy to answer the phone this has been happening for ages. Last week I sent a taxi to pick up my script to be told not ready until the next day, so I was ten pounds out of pocket if the pharmacy had only answered the phone."

"Need to know if prescription ready but no one answers the phone. Have tried many times."

"Seem unable to order prescribed medications and when phone to check if they are available don't answer phone at all."

"They never answer the phone hard to pick your prescription up as always shut when I drive past."

Administration

Patient experiences that occur within the theme of 'administration' generally relate to the administrative systems that pharmacies use or protocols that staff must adhere to. Comments include:

"Prescriptions not requested when ticked for repeat. Having to go to 111 to go to urgent pharmacy. Some pharmacies refusing to take the 111-reference number (Tesco pharmacy in Crediton) and having to do another online urgent medicine request."

"I had a phone call saying prescription was ready. Went to collect. Waiting for ages to be attended to. Customers are of no importance to staff. Then to top it off they could not find my prescription. And came away empty handed. Being told to return the next day."

“My partner who is end of life recently had his “Just in case” medication replaced because one or two items was out of date instead of just replacing the two items, they replaced everything. I had to go to 2 pharmacies before I found one who had the medication in stock. What a waste of medication, although I was told it does not cost very much!!”

“Prescription was sent on a Friday, appeared to be lied to on Monday morning being told it's not showing' which is rubbish as when I got home, I could see the prescription dated for Friday on the NHS App. Leave it until Tuesday to return (This if for an acute prescription not repeat btw) and I'm told they're only just printing it. I asked if I could wait as there was only 2 of us in the pharmacy and was told categorically it won't be done today. When I asked when it would be I was told 'maybe tomorrow'. I have wasted 2 journeys and still know nothing about when I can pick up my medications. What happened to triage and looking after those who are physically in the pharmacy waiting! Absolutely POOR service, poor attitude. I would have ordered from Lloyds Direct as it's quicker even with 2nd class postage, but my GP wanted me to speak to the pharmacist to check a contraindication - I have no faith this will even be possible!

“Slow -prescriptions not ready-not answering telephones-can't find if prescriptions ready.”

“It was unfair by all means. I purchased a 32-tablet pack of Solpadine Max soluble tablets on the date of 1st of November. Since my husband has also brought another pack on the same day from Boots pharmacy. I wanted to return the unopen pack with the bill today and asked for a refund. To my utmost surprise and disappointment, they refused to refund it.”

Observations from our 2022 Pharmacy Services Summary

In our previous [report about Patient Experience of Pharmacy Services](#), which covered the period 1st April 2021 – 31st March 2022 we observed the following from the feedback we received:

‘Due to the Covid-19 pandemic, the last 24 months have been like no other in recent memory for individuals, NHS and Social Care services, business, and the nation in general as we all came to grips with lockdown requirements and the

uncertainty of day-to-day life that saw many of us impacted in various ways by this virus.

NHS and Social Care services have had to adapt at pace to tackle the virus, keep people safe and where needed provide treatment for not only Covid-19, but for other illnesses and conditions be it routine or emergency.

Pharmacies have been vital in providing medication for patients and more recently for helping to deliver both Covid-19 and flu vaccines. However, it is clear from patient feedback that service delivery has not been easy, especially around prescribing/repeat prescribing where timelines appear not to have been met, staff attitudes to patients/customers have not been as they should have, and short notice closures and apparent non answering of the telephone enquiries have exacerbated the situation.

Healthwatch accept the pressures that staff have been working under due to the pandemic, especially where staff have been following national guidance around self-isolation leading to reduced staffing, but the number of comments around negative staff attitude is a concern. There also seems to have been a breakdown in other communication methods as well (text service and telephone enquiries). Shortages of staff for pharmacies in North Devon has also been raised to us by one of our Healthwatch Assist Groups (Devon Carers).

Issues around medication have also been raised with prescriptions not received or not being fulfilled – pharmacies may know there has been a supply issue for certain medication but was this fully relayed to the patient?

Even before the pandemic there have been concerns raised by patients around the prescription/repeat prescription process between GPs and Pharmacies that has left patients having to shuttle between the two to try and find out what has gone wrong as each service apparently blamed the other. Once the patient has tried to collect a prescription from the Pharmacy and an issue has been highlighted, surely this should be dealt with by process and not the patient ending up as 'the go between' to get the issue resolved?

Anecdotally we are becoming aware that dependent on how a repeat is requested (i.e., via a request handed into GP reception, request via the GP website or through the NHS App), differing times are occurring between requesting

medication and it being ready for collection. Patients need to be fully informed about the ways to request medication and the period between requesting and when medication will be available to collect so that an informed choice can be made. We have heard that ordering a repeat prescription via the NHS App will generally mean it is ready for collection 'next day' rather than 4 to 5 working days. Finally, as Pharmacies are asked to do more under the Community Pharmacy Framework and where patients are being signposted to Pharmacies before seeing their GP or referred into by other services, there is a concern that demand is outstripping capacity. By doing this without ensuring suitable resource is available are we not just kicking the problem down the street?'

Summary of our latest key findings

Looking at the patient experiences set out in this report, some of our observations from the previous report remain valid. Feedback continues to focus on medication delays and supply problems that affect the prescription/repeat prescription service, leading to longer time periods from requesting the medication to being able to pick it up. Other areas for concern include patients not knowing when their medications are ready for collection, phone calls going unanswered when patients attempt to enquire as to the status of the prescription within the system and temporary short notice closures due to staffing levels, all of which continue to leave patients feeling frustrated.

In addition to what patients have shared with HWDPT in this report, HWDPT are concerned that announced closures of instore Lloyds Pharmacies at Sainsburys across Devon and the announcement in June 2023 by Boots UK to consolidate their stores, which would see the potential closure of around 300 branches across England, may result in greater pressure being put on the remaining pharmacy services, particularly when the message being promoted to the public is to 'Think Pharmacy First'. [The Community Pharmacy Framework](#) set up to support the delivery of the NHS long term plan, to help to take the pressure off GP services may become further stretched to capacity if pharmacy services close as described above. Depending on where the Boots closures occur, it may cause further issues around patient access, particularly for patients in more rural locations.

What HWDPT has done so far

We have escalated our concerns around pharmacy services and particularly the potential effect to Community Pharmacy Services to NHS Devon, specifically to The

Primary Care Commissioning Committee, Quality and Patient Experience Committee and to The System Quality & Performance Group in July 2023.

We have raised the same concerns with the Devon Local Pharmaceutical Committee at an online meeting. Additional discussions continue to take place with NHS England Southwest and NHS Devon around our concerns and actions that are taking place to mitigate some of the issues affecting patients described in this report.

We have also shared the intelligence we have gathered from the public with our national partners Healthwatch England, so they can continue to monitor the national picture and raise any concerns nationally with their partners, including the Care Quality Commission.

Our Recommendations

Considering the concerns raised by patients and their families in this report, we recommend the following:

1. That NHS stakeholders in Devon respond to the experiences presented in this report and our findings and that their responses provide details as to how the issues raised in this report will be addressed.
2. Where pharmacies do not have capacity to answer telephone calls, they could consider introducing either an answerphone or a message facility so that patients can have their queries responded to as soon as possible. Not all patients use mobile phone apps (or are confident in using them) so being able to contact a service by telephone and to receive a response is important to patients in enabling them to be kept up to date as to when their prescription will be ready to collect, particularly if they do not automatically receive a text message when their prescription is ready for collection.
3. That NHS Devon considers the experiences and concerns raised in this report and provides HWDPT with a response as to how the issues highlighted by patients in relation to current systems of service delivery will help to inform future strategy development.

4. That in line with [Healthwatch England's recommendations](#), NHS Devon and NHS England Southwest plans how to develop capacity of the existing pharmacy workforce within the more comprehensive primary care teams across the NHS as set out in the [NHS Long Term Workforce Plan](#) and that Healthcare Leaders locally and nationally should urgently consider how to tackle medicine shortages for the longer term.
5. That University Hospital Plymouth NHS Trust considers working with Healthwatch Plymouth in monitoring patient experience feedback once proposed changes to the Outpatient Pharmacy service are fully implemented.

Responses from NHS Devon, Devon Local Pharmaceutical Committee and University Hospitals Plymouth NHS Trust

NHS DEVON

"NHS Devon would like to thank Healthwatch Devon, Plymouth and Torbay for this comprehensive report, and for ensuring that people who use the pharmacy services across the county have their voices heard.

We recognise and welcome the reference to the work done by Healthwatch England that supports the findings in this Devon report over an extensive period of time. The report highlights emerging themes around access to services, waiting times and medication delays. These findings are key to informing the future development of pharmacy services, as it enables commissioners to respond to the issues people are reporting and the impacts on their experiences.

In response to the recommendations, NHS Devon will use the outputs of this report to directly inform the development of its Pharmacy strategy, which is currently in development (2023/24) enabling us to show how the experiences of patients in Devon have been used to develop and improve services for pharmacy services and patients. We look forward to working with Healthwatch on this strategy as it develops."

Community Pharmacy Devon

“Community Pharmacy Devon would like to thank Healthwatch Devon, Plymouth and Torbay for their commitment to ensuring patient experience in relation to pharmacy service is heard. The report highlights many of the issues faced by pharmacies across Devon and how they have a direct impact on patient’s experiences.

Community Pharmacy Devon will review all recommendations made by the report and ensure that they are considered in full as part of processes for developing and improving pharmacy services, with the providers and the commissioners in Devon.”

University Hospitals Plymouth

“On behalf of University Hospitals Plymouth NHS Trust (UHP), I would like to apologise for the poor service patients and families have experienced recently whilst using the outpatient pharmacy that is provided in partnership with Lloyds Pharmacy. The level of service that people have received is well below the standard that both ourselves and Lloyds pharmacy expect and aspire to deliver. I would like to take this opportunity to explain some of the current issues we are facing and most importantly, what we are doing about them so that all our patients can receive a better service in the future.

As an NHS Trust, the number of patients we are treating has now returned to pre-pandemic levels and beyond as we try to recover from the impact this had on waiting times for patients. This has meant that we have simply outgrown the current outpatient pharmacy, leading to us not being able to provide a service that we are proud of and this, at times, is resulting in long waiting times for people to hand in and collect prescriptions.

I am delighted to say that we have just concluded the procurement of a new outpatient Pharmacy and by April 2024, we will have moved our outpatient pharmacy to a new on-site location that will be more than triple the size of the current premises. This will allow for a wide range of changes to take place such as:

- *the recruitment of more staff*
- *the increased use of automation*
- *using this opportunity to offer the most recent innovations around our service.*

We will be including some aspects of a home delivery service for patients who meet certain criteria as well as looking to maximise the use of local pharmacies where possible. All of which is aimed at improving the patient experience and shortening waiting times.

I hope this outlines our plans for the medium to long term, but I also wanted to provide you with some assurance about actions that we have already implemented. Lloyds have increased the number of staff in the store as much as space allows to speed up the dispensing process. They have introduced temporary seating, as well as shelter from the rain. We are working closely with Lloyds Pharmacy to do everything we can to provide additional support for our most vulnerable patients including clinics arranging for medications to be couriered out to patients' preferred home addresses at a convenient time for them, to prevent any delays whilst waiting for their medications."

Chief Pharmacist – University Hospitals Plymouth NHS Trust

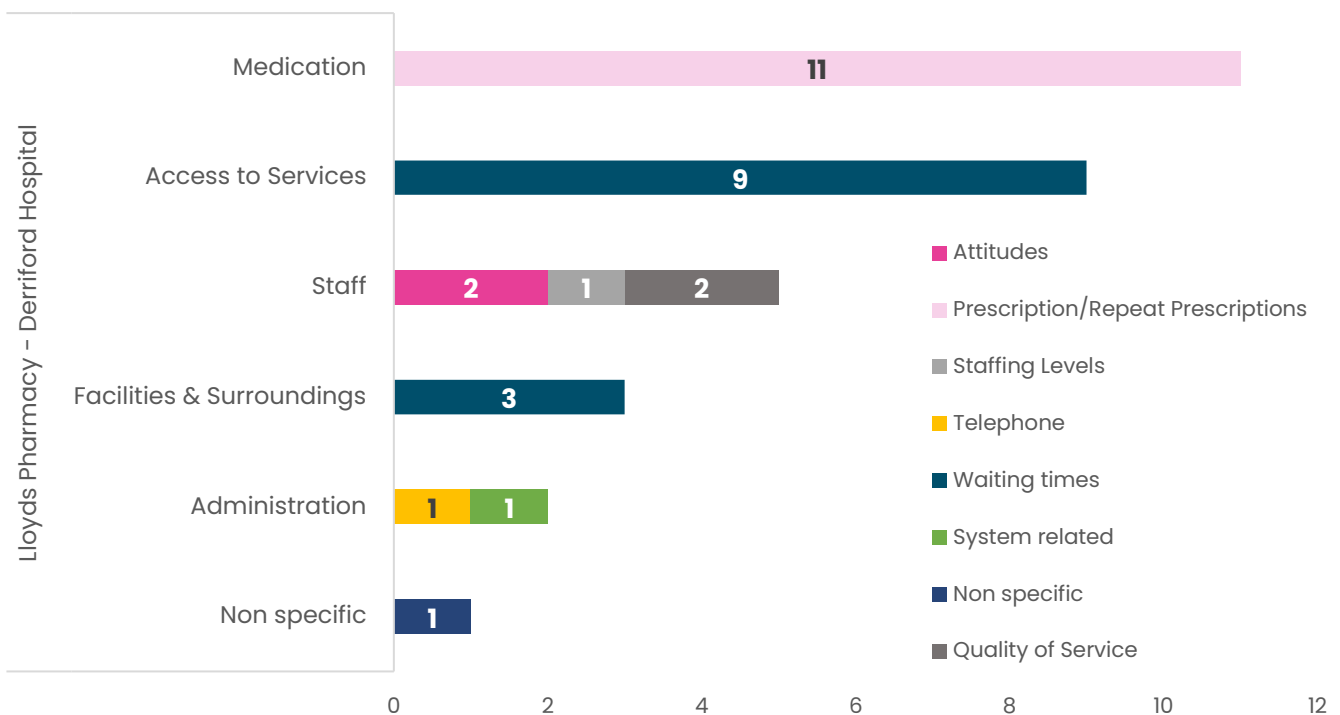
Appendix 1

Lloyds Pharmacy, Derriford Hospital, Plymouth

Lloyds Pharmacy are contracted by University Hospitals Plymouth (UHP) to deliver Outpatient prescription services for patients of Derriford Hospital and therefore the data we held in relation to this service was analysed separately in this section.

Of the 31 experiences recorded (22% of all patient feedback across Devon) in relation to Lloyds Pharmacy at Derriford Hospital, over half of the experiences relate to waiting times at the pharmacy, with several mentioning that they had to queue twice – once to hand the prescription in and again to wait for their prescription to be prepared. Fig 7 below summarises the themes that people’s experiences relate to.

Fig 7: Lloyds Pharmacy, Derriford – feedback themes and sub themes



Waiting times

Access and waiting times were the most common issues that people shared with us in relation to their experience at Lloyds Pharmacy at Derriford Hospital, which people observed was due to several factors – the queuing system, handling of

paperwork and lack of stock to fulfil people's prescriptions in full. People also described concerns around the size of the waiting area, staffing levels and telephone calls not being answered.

Comments that people shared with us in relation to prescription waiting times include:

"Horrendous waits for very sick patients, in a tiny shop. Long queues out of the door in boiling heat."

"Bad, I don't need to wait 20 minutes outside in the cold just to hand in a script then be told to come back in 45 minutes to collect the meds. Then to have to wait in very small, crowded room. TOTALLY UNACCEPTABLE."

"Long queues for prescriptions, no options to go to community pharmacy; told to wait out in cold as nowhere to wait."

"The place is a joke. There is no system, we waited 1 hour and 40 minutes for a prescription."

"Waited hours for prescription is too over run need more staff.... I'd take the day off if you have to collect your script from here."

"I amongst 30-40 other patients waited hours outside and inside the Pharmacy for our medication to be handed to us. It was chaotic, especially for elderly patients."

"My son's medication is consultant led. I am fed up with waiting sometimes 1-2 hours."

"Once inside told half hour wait. TERRIBLE SERVICE."

"Did not acquire correct eye drops, finally collected them after 16 days. Long queues but cannot stand as use an elbow crutch. Better organisation of queues needed, one for handing in, one for collection. Paperwork in too many trays. Please streamline system."

"Staff unable to locate prescription submitted by clinic late the previous day. Located prescription after ten minutes. It took a further twenty minutes to partly fill prescription. A phone call was received next day to say that the outstanding item was available. I enquired whether this could be delivered (it used to be possible) and was told that it

would have to be picked up. This meant that another journey was required from the outskirts of Plymouth with associated costs of time fuel and parking (always problematic at Derriford). In the half hour that I was waiting two other patients had missing items which they would have to return to pick up."

"I went to pick up two items which had been prescribed from the hospital one week previously. I should have been able to go into the shop, ask for it and have it taken from the shelf. However, after queuing outside the shop for one and a half hours I reached the counter only to be told that it was not done yet and I would have to queue for at least another half an hour to get it. I left with my prescription after two and a quarter hours. This is totally unacceptable."

"I was relatively lucky in that I only had to wait 15 minutes to hand in my prescription this time, many wait considerably longer. I chose to wait, another 30 mins. In that time about 4 or 5 patients were told they couldn't fulfil their prescription. My turn came, and alas same for me. I have severe macular oedema and these eye drops are a sight saver. They offered to mail them to me it's now been 5 days and still no sign of them. Problem is they have the monopoly, and you cannot take the hospital prescription anywhere else. So here I am progressively going blind in one eye."

"Queuing up outside in the cold for 30 minutes only to be told meds are not ready for another 40 minutes. The pharmacy is physically too small and the staff very overworked."

"After several attempts to call I found the whole experience very rushed couldn't get me off the phone quick enough."

"Went yesterday to pick up my paid for medication told didn't have them in, meant to start taking them today and still no tablets said would be there today and will call me but haven't heard anything, tried calling numerous times but no one answered I need this medication for my arthritis, also paid for this prescription and also I live miles away!!!"

Impact on patients

Several people described the impact that the waiting time had on them. One person said they received a £50 parking ticket due to waiting over an hour, even though they said they were advised it would be 15/20 mins. Another, who had not long had knee replacement surgery so unable to stand for long periods only had

10 minutes left to park so abandoned the wait without the prescription.

Patient Choice

Comments were also made in relation to patient choice and why patients cannot collect their prescriptions from other pharmacies. Comments include:

"It was chaos and the staff, Pharmacist and all customers, especially the elderly, were very frustrated and could not understand why, having received a prescription, they all are obliged to use the Lloyds Pharmacy next door to the Main Hospital Entrance. Why can't our prescriptions be sent to our own Pharmacies in our own locations?"

"Is there a reason why I have to pick up my prescription medication from Lloyds Pharmacy instead of my local Pharmacy?"

"On discharge from Emergency Dept, was given prescription for pain relief to take to Lloyds Derriford Pharmacy but they were closed for 2 days! Unable to take prescription elsewhere (my own pharmacy, who said they were unable to give medication, as the prescription form showed it could only be taken to Lloyds Derriford Hospital pharmacy. Not good enough! "

One person described their experience and how they were able to resolve their issue by contacting their GP:

"Following a consultation, I had a prescription that could only be obtained from the Lloyds pharmacy at Derriford hospital. I waited for my turn only to be told that they would not accept the prescription because my name and address were on a printed sticker stuck on rather than handwritten. Other people around me had stickers but they accepted their prescriptions! I went back into the hospital to have the prescription handwritten! I returned to Lloyds and handed it over. I was then told that because one of the items was a controlled drug (it was tramadol) I had to collect it from level 7.

I was given directions on how to get there. I arrived on level 7 and no one up there had any idea I was sent there. I was advised to try level 5 as this was the in-hospital pharmacy. They advised that all Lloyds prescriptions need to be collected from Lloyds. I eventually arrived back at Lloyds (no mean feat as I wasn't in the hospital for the fun of it!!) and was then told they didn't have any tramadol and I would have to

go back the following day after their delivery arrived. I am not very local, so this is very inconvenient. It can't be sent to another Lloyds to be collected either. It must be from there! Came home and called my doctor and prescription was waiting for me in my local pharmacy within the hour! Why make it so difficult!"

Staffing levels

Patients who shared their experiences with us acknowledged that staff are under pressure, which was reflected in the feedback they provided:

"Staff friendly but too stressed."

"Had a prescription to fill from maxillofacial and despite being almost overrun by the sheer weight of patients the staff here provided exceptional service, they didn't have the items, but they arrived by post at my home in a timely manner, big thank you."

"Hugely understaffed the girls were working as hard as they could and had no hope of keeping up, please improve the situation!"

"Firstly, staff as pleasant as can be expected considering how massively oversubscribed this place is."

Healthwatch Observations about Lloyds Pharmacy at Derriford Hospital, Plymouth

Lloyds Pharmacy is contracted by University Hospitals Plymouth NHS Trust (UHP) to deliver prescription services for Outpatient Departments at Derriford Hospital. The Pharmacy is currently located in a very small retail area adjacent to the Main Outpatient Department entrance. The current contract means that medications prescribed from outpatient clinics must be collected from Lloyds Pharmacy. Also, a high proportion of medication prescribed at these clinics is specialised and would not normally be held at community pharmacies. Prescription have generally been in paper form necessitating that patients have to queue twice – once to hand the prescription in and secondly to pick up medication.

As the hospital tackles outpatient waiting lists, the footfall through the pharmacy has increased due to higher demand. Situations as described in the patient feedback above have been exacerbated by medication supply issues, lack of capacity in the pharmacy for patient waiting to include provision of suitable chairs

for those patients who are frail or have mobility issues, and prevalent hot/cold weather conditions. This has resulted in longer waiting times with poor waiting facilities leading to patient frustrations, particularly for those patients who live outside of the Plymouth City Boundary. This has led to patients questioning why they cannot use their local community pharmacy.

Progress to date for Lloyds at Derriford Hospital

During our conversations with the Local Pharmaceutical Committee in July 2023, we discussed the specific feedback for this pharmacy. Subsequently Healthwatch held a meeting with the Chief Pharmacist at UHP to discuss patient concerns and the proposals announced to move the location of the current pharmacy to another site. At this meeting, we discussed:

- A new on-site retail unit which has been identified and is situated on the outside of the multi-story carpark, adjacent to other retail units. The size of the Unit is approximately 4 times the size of the current premises. This will allow for a dedicated waiting area inside the new premises whilst also making staff working conditions better. The multi-story car park is further away from the outpatient's department and there is an upward slope that may make it difficult for patients with mobility/frailty issues. No other existing site has been identified within the main hospital building that is suitable. The new site is scheduled to be open in October/November 2023.
- Healthwatch pointed out that there may be an opportunity to mitigate the current access for those with mobility and frailty issues by using the internal lift within the car park and by footpath markings and signage to allow better access thus mitigating against the slope.
- Future hospital plans will see the development of the current Northwest Quadrant adjacent to the multi-story car park providing new outpatient departments and elective surgery facilities. This will place the new outpatient pharmacy in the centre of these activities and access will be better from a mobility/frailty perspective. As services expand and there are increasing number of off-site locations, there will never be a perfect location for an outpatient Pharmacy. The key, therefore, is a flexible service model for patients rather than the location of a single outpatient pharmacy.

- An outpatient Pharmacy in a hospital does not allow for dispensing of prescriptions written in the community. Conversely, 80% or so of medicines that are 'hospital only drugs' would not be routinely stocked by a community Pharmacy.
- Patients will have a choice around how they receive their outpatient prescription as follows:
 - Attend the Outpatients Pharmacy,
 - Medication to be delivered to their local community pharmacy for collection,
 - Have medication delivered to home address.
- The contract for the outpatient pharmacy service is out for tender with the process due to complete this year. (As an NHS Trust there is not an opportunity to bring Outpatient Pharmacy 'in house' as NHS Foundation Trusts can).
- Further, NHS Trusts have recently been granted access to Primary Care Prescribing software. This will allow prescriptions that are non-specialist medication to be prescribed to a pharmacy of the patient's choice. Currently only 1 NHS Trust has this at present, but this is being investigated by UHP.

As a result of these initiatives, HWDPT can see that steps are being taken to improve the situation for patients who visit the pharmacy at Derriford Hospital, and we will continue to monitor patient feedback as these new initiatives are implemented.



Jan Cutting Healthy Living Centre
Scott Business Park
Beacon Park Road
Plymouth
PL2 2PQ

www.healthwatchdevon.co.uk
t: 0800 520 0640 (Freephone)
e: info@healthwatchdevon.co.uk
tw: @HwDevon
fb: facebook.com/healthwatchdevon



Jan Cutting Healthy Living Centre
Scott Business Park
Beacon Park Road
Plymouth
PL2 2PQ

www.healthwatchplymouth.co.uk
t: 0800 520 0640 (Freephone)
e: info@healthwatchplymouth.co.uk
tw: @HealthwatchPlym
fb: facebook.com/HealthwatchPlymouth



Room 17
Paignton Library
Great Western Road
Paignton
TQ4 5AG

www.healthwatchtorbay.org.uk
t: 08000 520 029 (Freephone)
e: info@healthwatchtorbay.org.uk
tw: @HWTorbay
fb: facebook.com/HealthwatchTorbay

Health and Wellbeing Board



Date of meeting:	24 January 2024
Title of Report:	Pharmacy and Pharmaceutical Needs Assessment update
Lead Member:	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Rob Nelder
Contact Email:	robert.nelder@plymouth.gov.uk
Your Reference:	PNA/H&WB/01
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

To update H&WB Members on the following-

- What is a Pharmaceutical Needs Assessment (PNA) and what are the H&WB's responsibilities in that regard.
- Which pharmacies have closed or are planning to close.
- The requirement to issue supplementary statements to the PNA.
- The reasons for the proposal to 'go early' with the next version of the Plymouth PNA (hopefully linking with Devon and Torbay as usual) for publication in March 2025.
- The development of the NHS Devon ICB Pharmacy Strategy, the links to the PNA, and the opportunity for H&WB members to get involved (in the former).
- The links between (4) and (5) and the opportunities this presents.

Recommendations and Reasons

That the Plymouth H&WB-

1. Accept the proposal to 'go early' with the publication of the next Plymouth PNA (March 2025 as opposed to September 2025).
2. Support and engage in the development (in the coming months) of the NHS Devon ICB Pharmacy Strategy (which in turn will inform the 2025 version of the Plymouth PNA).

Alternative options considered and rejected

Not applicable

Relevance to the Corporate Plan and/or the Plymouth Plan

This work supports the Plymouth Plan Healthy City Strategic Outcome that 'People in Plymouth live in happy, healthy, safe and aspiring communities where social, economic and environmental conditions

and services enable choices that add quality years to life and reduce the gap in health and wellbeing between communities.

In particular Plymouth Plan Strategic Objective 1 (Delivering a Healthy City), points nine and 10.

9. Ensuring people get the right care from the right people at the right time to improve their health, wellbeing and social outcomes.

10. Making Plymouth a centre of clinical excellence and innovation to benefit the sustainability and growth of the medical and health care sectors in the city and to create education and employment opportunities.

Implications for the Medium Term Financial Plan and Resource Implications:

None

Carbon Footprint (Environmental) Implications:

Not applicable

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.

There are well-documented issues with primary care provision in the city and residents rely on their local pharmacies for the provision of essential medicines and associated services. In addition, pharmacies are often the first place people go with minor ailments, relieving pressure on GP Practices, Minor Injury and A&E services.

Appendices

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Pharmacy and Pharmaceutical Needs Assessment PowerPoint update (To-Follow)							

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Asset s	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Robert Nelder (Consultant. Public Health)											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 10/01/2024											
Cabinet Member approval: Approved by Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care) via email.											
Date approved: 12/01/2024											

Update from NHS Devon

January 2024

Covid and Flu Vaccination Programme

The South West has again achieved the highest uptake for covid and flu vaccinations in the country. The Devon system has provided over 737,000 covid and flu vaccinations this autumn, including vaccinating over 92% of care home residents.

It is a fantastic collaborative achievement between all our Primary Care Network, community pharmacy, hospital, vaccination centre, outreach and NHS Devon teams who work hard to maximise protection for vulnerable people against winter viruses.

We currently have uptake levels across Devon of 62% for Covid and 73% for flu and are asking primary care colleagues to continue to contact patients to invite them in to be vaccinated or to advise them where they can get their vaccinations.

Although the National Booking Service is now closed, people can still access covid vaccinations through their GP, community pharmacy or vaccination centre until 31 January, with primary care being able to offer flu vaccinations until 31 March.

For any queries people can contact the Vaccination Support Team at d-icb.devonvaccinationsupport@nhs.net

Financial update

The forecast financial out-turn for our NHS system as a whole in Devon, after delivering a very challenging savings plan of £212 million, is a planned deficit of £42.3 million in 2023/24. We are working extremely hard to deliver the plan but some unexpected issues, including industrial action, are making this challenging.

As a system, we remain in the lowest segment (segment 4) of the NHS Oversight Framework. This means we get 'intensive' support from NHS England – which includes additional reporting requirements and financial controls.

We are in this position due to a range of challenges including service performance (such as urgent and elective care), people, leadership, finance and strategy.

NHS England has made it clear to us that we need to increase our focus on

achieving the criteria for moving out of NOF4. In the short-term, we will be re-focusing and reprioritising our work, our efforts and some of our resources and staff. Doing so will give us more control over our future – helping us to provide safe, timely and affordable care, as well as focusing on the long-term priorities that we are all keen to work on.

We have already shown we can do it – for example, we have made excellent progress in reducing the numbers of people waiting more than two-years for care, and each month.

Elective care

The finalised October position shows that the Devon Integrated Care System (ICS) has not met the submitted 104 and 78 week wait trajectories but has met its trajectory for 65 week waits. However, we are close to clearing our 104 week waiting list with an expected completion date of the end of January.

Ongoing issues with activity lost as a result of industrial action has been a factor that has impacted on recovery of activity and performance levels detailed within the operating plan.

Industrial action

We have now seen over a year of industrial action across the NHS and staff continue to work hard to provide patients with the best possible care under the circumstances. Industrial action has impacted over a million hospital appointments across the NHS in England, as of the 15 December 2023.

According to [data published by NHS England](#), in Devon, more than 1,500 NHS appointments, including inpatients, outpatients and mental health, were cancelled as a result of industrial action in December 2023.

The latest junior doctor strike action took place from Wednesday 20 December until Saturday 23 December and Wednesday 3 January until Tuesday 9 January.

The NHS in Devon triggered the highest level of escalation on Friday 5 Jan in light of the continued pressures during a period of winter pressures, staff sickness and industrial action. That level was reduced Tuesday 9 January, but Devon hospitals still continue to experience pressure.

Pharmacy closures

There are a number of Boots Pharmacy closures currently being processed across the UK, including in the south west.

The NHS South West Collaborative Commissioning Hub (SW CCHub), in partnership with NHS Devon, is undertaking a local engagement process to ensure a clear understanding of any concerns being raised by local community pharmacy providers, GP practices, Healthwatch and Local Authority Public Health teams. The Health and Wellbeing Board will be included as part of this engagement process.

These concerns inform how we support patients and providers leading up to and after the closure.

Where previous market exits have taken place, we have seen neighbour pharmacies take a variety of different steps to be able to support patients who are seeking an alternative pharmacy. In addition, nearby pharmacies who are likely to be impacted by a closure, are contacted to discuss the potential increase in activity, allowing them to share any concerns they may have.

Liaison with local GP practices is also undertaken to ensure they are supported with any patient queries, and the SW CCHub work with the outgoing provider to ensure a safe closedown process is in place.

NHS Devon Chief Executive Officer

NHS Devon has appointed Steve Moore as its new Chief Executive Officer following a competitive, national recruitment process. Steve will join NHS Devon on 12 February 2024.

Having worked for the NHS for most of the last 30 years, Steve has extensive expertise and knowledge at a senior level, including most recently as the Chief Executive of Hywel Dda University Health Board in Wales, a role he has held since January 2015.

Steve knows Devon and the wider South West well, as has led NHS organisations in Devon, Plymouth, Torbay and Cornwall and the Isles of Scilly. Bill Shields will remain as interim CEO until Steve takes up the post.

Winter pressures and industrial action at University Hospital Plymouth

University Hospital Plymouth (Derriford) faced extreme pressure in early January. Hospitals typically see a peak in demand for urgent care services in winter due to rises in respiratory illnesses such as flu and covid, and the cold weather.

This year also saw the longest period of industrial action ever seen in the NHS with a junior doctor strike for 6 days from 3 to 9 January 2024. A critical incident was declared on 5 January (day 3 of industrial action) and stood down on the final day of industrial action, 9 January.

The hospital and local NHS, social care and third sector system partners have been working hard to provide alternatives to the Emergency Department and to increase discharges from hospital.

Planning for the winter period is important and this has resulted in additional capacity for people leaving the hospital with packages of care, into community beds or with voluntary sector support to settle people back at home.

Resources have also been directed towards essential urgent and emergency care to make sure anyone with a life threatening or serious emergency can receive the treatment they need.

Information about urgent and emergency care services and discharge is available for the public on a [Stay well This Winter portal](#). This includes video advice from clinical staff about, for example, when to use the [Emergency Department](#) and services offered by [Urgent Treatment Centres and Minor Injury Units](#), as well as other Choose Well messaging.

Discharge to Assess primary care service procurement

The Plymouth commissioning team of NHS Devon are pleased to announce a new provider for primary care services for people in intermediate care beds in Plymouth.

These are patients who are benefitting from a stay in a bedded care facility to help them recover after a spell in hospital or as an alternative to being admitted to hospital.

From 1 April 2024, Reimagining General Practice (RGP) will be the new provider and they will be working closely with the Plymouth commissioning team and other local partners to ensure a smooth transition of patients to their care.

Additional service capacity this winter for people with Acute Respiratory Infection and to reduce demand into hospital services

Winter months sees higher rates of acute respiratory infection amongst children and adults, so having the right services and some more capacity particularly during winter months has been a priority for our healthcare system.

NHS Devon has funded an acute respiratory service with four Primary Care Networks in Plymouth delivering this. These services are accessed as part of the usual offer from GP practices and are providing additional capacity to support patients and our providers this winter.

There is also an 'admission avoidance' service, with funding taken up 20 GP practices proactively identify people who, with some additional proactively offered support, will be more likely to stay well at home this winter and beyond.

Virtual Wards

The Plymouth health system has created the potential for up to 50 people at any one time to be in the care of University Hospitals Plymouth NHS Trust but within their own homes rather than needing to be admitted to a bed in hospital.

A video has been created [Virtual Wards - helping patients receive care in their own home \(youtube.com\)](#) to demonstrate how this works and some positive feedback from people.

Using digital technology and with the support of community teams, people are able to safely remain at home with treatment as needed to support their recovery.

Health and Wellbeing Board



Date of meeting:	24 January 2024
Title of Report:	Dementia support in Plymouth
Lead Member:	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Gary Walbridge (Interim Strategic Director for People)
Author:	Emma Crowther, Interim Head of Commissioning
Contact Email:	Emma.crowther@plymouth.gov.uk
Your Reference:	
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

To inform the H&WB of the current position in Plymouth for those diagnosed with dementia. The slide pack sets out some of the current data, describes the services available in the city, and also articulates some of the challenges we face as we go forward. The presentation has been collated via a multi-agency group with representation from Plymouth City Council, Memory Matters, the Elder Tree, Livewell Southwest and University Hospitals Plymouth NHS Trust.

Recommendations and Reasons

- I. That Health and Wellbeing Board note the contents of the presentation.

Alternative options considered and rejected

- I. None

Relevance to the Corporate Plan and/or the Plymouth Plan

This report is in line with the Corporate Plan commitment to making Plymouth a great place to grow up and grow old, and in keeping children, adults and communities safe.

Implications for the Medium Term Financial Plan and Resource Implications:

None

Financial Risks

None

Carbon Footprint (Environmental) Implications:

None

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

None

Appendices

*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Dementia Support in Plymouth PowerPoint (To Follow)							

Background papers:

*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7
N/A							

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Asset s	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Emma Crowther (Interim Head of Commissioning)											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 16/01/2024											
Cabinet Member approval: Councillor Jemima Laing (Deputy Leader), approved on behalf of Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)											
Date approved: 16/01/2024											

HEALTH AND WELLBEING BOARD

Tracking Decisions Log 2023 - 24

Please note that the Tracking Decisions Log is a 'live' document and subject to change at short notice.

For enquiries relating to this committee's work programme and tracking decisions, please contact Elliot Wearne-Gould, Democratic Support, on 01752 398261

Date	Resolution	Officer Responsible	Progress
14/09/2023	The Board agreed to receive an annual update from the 'Plymouth Health Determinants Research Collaborative' (PHDRC);	Gary Wallace (Public Health Specialist)	Complete: Item added to work programme.
14/09/2023	<ol style="list-style-type: none"> 1. Requested further information regarding the uptake of prescriptions, and how many were never collected; 2. Recommend that the ICB work closely with Primary Care to raise awareness of financial challenges and barriers to accessing healthcare, particularly accentuated by the Cost of Living. 	Chris Morley (NHS Devon ICB)	In Progress: NHS Devon will investigate prescription uptake and report to a future H&WB meeting. The ICB will continue to work with Primary Care to minimise potential barriers to accessing services.
14/09/2023	The Board agreed to require the DPH to return to Cabinet in the spring with a proposal for the future of Thrive Plymouth.	Ruth Harrell (Director of Public Health)	Complete: Item added to work programme.
14/09/2023	<ol style="list-style-type: none"> 1. Requested further information regarding the gender dynamics of people cared for; 2. Requested further information regarding the numbers of people who lived with those they cared for, and the number who visited to care; 3. Requested that the Young Carers video was shared with partner organisations and key stakeholder to ensure organisations were 'care aware'; 	Emma Crowther (Interim Head of Commissioning) and Lee Sewrey (Improving Lives Plymouth)	Part Complete: Video shared with key partners, and survey added to PCC website. Response to request for further information provided below:

	4. Requested that the Healthwatch carers survey is made available on the PCC website.											
Response to above	<p>The census 2021 saw a reduction overall in carers: <i>In England and Wales combined, an estimated 5.0 million usual residents aged 5 years and over provided unpaid care in 2021 (9.0%), a statistically significant decrease from 11.4% in 2011. Potential contributing factors for this change could include:</i></p> <ul style="list-style-type: none"> • <i>coronavirus (COVID-19) guidance on reducing travel and limiting visits to people from other households</i> • <i>unpaid carers who previously shared caring responsibilities may have taken on all aspects of unpaid care because of rules on household mixing during the pandemic</i> • <i>there has been an increase in the percentage of people reporting very good health and a decrease in the percentage of people that were disabled in 2021 compared with 2011, which could have led to a reduction in the need for unpaid care</i> • <i>excess deaths were highest in the older population and peaked at the beginning of 2021, which could have led to a reduction in the need for unpaid care</i> • <i>changes in the question wording between 2011 and 2021 may have had an impact on the number of people who self-reported as unpaid carers</i> <p>Carers UK said the following: Census 2021 data shows increase in substantial unpaid care in England and Wales Carers UK</p> <p>We have seen a steady increase in referrals over past few years (with an exception in 2022-23, surprisingly), so the census trajectory does not fit in with demand and use of the service locally.</p> <p>We were also asked about the gender of those who are cared for. These figures are based on the information held in our Eclipse case management system so includes the cared for who have had contact with Adult Social Care. The figures held by Improving Lives Plymouth will be higher as the service reaches a broader cohort of carers and cared for. The figures show all those with a record in Eclipse versus those who have a carer.</p> <table border="1" data-bbox="284 1377 1157 1489"> <thead> <tr> <th></th> <th>M</th> <th>F</th> </tr> </thead> <tbody> <tr> <td>All (3,657)</td> <td>1,641 (45%)</td> <td>2,016 (55%)</td> </tr> <tr> <td>Those with Carers (848)</td> <td>393 (46%)</td> <td>455 (54%)</td> </tr> </tbody> </table> <p>We are still working on figures for those who live with the cared for person and those who travel to support the cared for person.</p>				M	F	All (3,657)	1,641 (45%)	2,016 (55%)	Those with Carers (848)	393 (46%)	455 (54%)
	M	F										
All (3,657)	1,641 (45%)	2,016 (55%)										
Those with Carers (848)	393 (46%)	455 (54%)										
29/06/2023	<p>The Board agreed to note the recommendations regarding 'Defibrillators', referred by the H&ASC OSC, and for Board members to promote them within their areas of influence:</p> <p>I. That PCC works with partners to promote 'Restart a Heart Day' which</p>	All Board Members + Public Health Team	<p>Ongoing / Part-Complete:</p> <p>The PCC Communications team have released numerous social media and newsletter promotions of both 'The Circuit' and the Government's new defibrillator fund.</p>									

	<p>takes place on and around 16 October each year;</p> <ol style="list-style-type: none"> 2. That PCC works with partners to promote CPR training; 3. That all defibrillator owners across Plymouth are encouraged to register their defibrillators on The Circuit The Circuit - the national defibrillator network; 4. That all defibrillators owners across Plymouth suitable for public access should consider whether access could be widened to 24/7, if not already; 5. That PCC promote schemes to access funding for publicly accessible defibrillators amongst communities; 6. That Plymouth City Council commission defibrillators at the locations identified which includes the Guildhall; 7. That PCC work with partners to provide defibrillators at St Budeaux library and Southway library. 		<p>These have also been circulated to all Councillors through the weekly Bullet-in.</p> <p>Board members have agreed to promote these recommendations within their daily work spheres, and this work is ongoing.</p> <p>A bid has been made to DHSC Community Automated External Defibrillator (AED) Fund and we are exploring community group support for Defibrillators at St Budeaux library and Southway library.</p>
29/06/2023	The Board agreed to request that Councillors be offered CPR training.	Ruth Harrell	Complete: Response below
Response	<p>Training for councillors in CPR and the use of defibrillators will be provided by the South West Ambulance Trust.</p> <p>The training will be carried out in the Council House and the dates are as follows;</p> <p>17 January: 10:00 – 11:00, Reception Room</p> <p>18 January: 15:00 – 16:00, Warspite Room</p> <p>18 January: 16:30 – 17:30, Warspite Room</p> <p>30 January: 16:30 – 17:30, Reception Room</p>		

This page is intentionally left blank

HEALTH AND WELLBEING BOARD

Work Programme 2023 - 24



Please note that the work programme is a 'live' document and subject to change at short notice. This is currently a draft document, under consideration with the Chair and council officers.

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Elliot Wearne-Gould, Democratic Support, on 01752 398261

Meeting Date	Agenda item	Responsible Officer
29/06/2023	DCIOS Health Protection Committee Annual Assurance Report 2021-2022	Ruth Harrell
	Integrated Care Strategy	Ruth Harrell/ Anna Coles
	Plymouth Report	Rob Nelder & Debs Dyer
	Community Empowerment Programme	Rachael Silcock
14/09/2023	Carers Action Plan (carers strategic Partnership Board)	Emma Crowther
	DPH Annual Report	Ruth Harrell
	Healthwatch Cost of Living Report	Tony Gravett
	PCC Cost of Living Plan	Rachel Silcock
	Vaping Report: Children and Young People	Dave Schwartz
	Plymouth Health Determinant Research Collaboration (HDRC)	Gary Wallace
	Dental Taskforce Update	Rob Nelder
18/01/2024 MOVED TO 24/01/2023	Update on the Vaping Working Group	Dan Preece/Dave Schwartz
	Pharmacy Services & the PNA	Rob Nelder/Tony Gravett
	Dementia Care	Emma Crowther, Memory Matters, Elder Tree & Livewell SW
	NHS Devon Update	Chris Morley (NHSD)
07/03/2024	Dental Taskforce Update	Rob Nelder
	Thrive Plymouth – Next Ten Years	Rob Nelder/ Sarah Gooding
	Plymouth Suicide Prevention	Kamal Patel
	Vaping Working Group results and Vaping Position Statement.	Ruth Harrell, Dan Preece & Dave Schwartz

Meeting Date	Agenda item	Responsible Officer
Outstanding Items to be scheduled	Aging Well	PCC
	Local Care Partnership- Priorities	LCP + PCC
	NHS Long Term Plan + Recovery plan	NHS Devon ICB
	Impact of COVID-19 Pandemic	Livewell SW / Public Health
	Safer Plymouth and Plymouth Safeguarding Board	PCC
	Annual update from the 'Plymouth Health Determinants Research Collaborative' (PHDRC)	Gary Wallace / Ruth Harrell