

General
Pharmaceutical
Council

Equality guidance for pharmacies

**December
2022**

The text of this document (but not the logo and branding) may be reproduced free of charge in any format or medium, as long as it is reproduced accurately and not in a misleading context. This material must be acknowledged as General Pharmaceutical Council copyright and the document title specified. If we have quoted third party material, you must get permission from the copyright holder.

Contact us at [**communications@pharmacyregulation.org**](mailto:communications@pharmacyregulation.org) if you would like a copy of the document in another format (for example, in larger type or in a different language).

Contents

About this guidance	4
Introduction	7
Equality and the GPhC standards for registered pharmacies	10
Annex 1: The nine protected characteristics as set out in the Equality Act 2010	26
Annex 2: Other useful sources of information	31
Annex 3: Equality guidance survey with GPhC public panel: analysis report	34
Introduction	34
Analysis of the survey responses	36
Appendix 4: Survey questions	42

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacies in England, Scotland and Wales. As part of our role, we set the standards that pharmacy professionals have to meet throughout their careers, as well as the standards that pharmacy owners are responsible for meeting, to ensure the safe and effective provision of pharmacy services at or from a registered pharmacy.

About this guidance

Our commitment

In our [Vision 2030](#) and our [strategic plan 2020-25](#), we have committed to an ‘anticipatory and proportionate’ approach to regulation. This means that we will be using data, intelligence and insights that we have, and those we receive from others, to help us get ahead of issues before they happen or become bigger issues.

We have also committed to delivering equality, improving diversity and fostering inclusion in everything we do as a regulator and employer. This commitment to equality, diversity and inclusion (EDI) is explained in our [strategy for change 2021-2026](#).

We created our EDI objectives based on information we gathered in a number of ways. These included through our growing understanding of the public we serve and the pharmacy professions we regulate. We gathered information through:

- the pharmacy practice examples collected by our inspections team, which are on the [GPhC knowledge hub](#)
- the feedback and concerns we received from members of the public and others, telling us about their experiences of pharmacy

- the comments, reactions and feedback we received in response to our **EDI strategy consultation**
- our earlier **research into registration assessment performance**

As the pharmacy regulator, we have a legal responsibility to promote equality and fight injustice in all aspects of our work, including in pharmacies. The law says we must have ‘due regard’ to the need to eliminate unlawful discrimination, harassment and victimisation, and to advance equality of opportunity between people from different groups. We must also foster good relations between people from different groups when carrying out all our day-to-day functions and activities as a public body.

The purpose of this guidance

This guidance is designed to help support pharmacy owners in understanding and meeting the **standards for registered pharmacies**. However, it has relevance for the wider pharmacy team, including pharmacy staff and managers. You should read it alongside the standards for registered pharmacies, which aim to create and maintain the right environment – both organisational and physical – for the safe and effective practice of pharmacy.

We have included several examples taken from the GPhC Knowledge Hub and our inspections. These show ways in which registered pharmacies are meeting their equality duties.

We have also carried out an online public panel member survey to help us to understand how people are affected by the way services are delivered. You can see the findings from the survey in Annex 2. Pharmacy owners and pharmacy staff should use the examples included in the guidance, and the findings from the public panel member survey, to:

- learn from others, and
- think about how they can keep improving their own service for the people using their pharmacy

The guidance does not list the legal duties under the **Equality Act 2010** and the **Human Rights Act 1998**. This is because all pharmacy owners must meet their legal responsibilities as well as meeting our standards. For more information, please see the section ‘Other useful sources of information’ at the end of this document.

By following this guidance, pharmacy owners will:

- demonstrate that they are meeting our standards
- help protect the rights of individuals
- advance equal opportunity for staff, patients, and the wider public, and
- help improve the experience and healthcare outcomes of patients and members of the public using their pharmacy’s services

In this document when we use the term 'staff' this includes:

- employees (registrants and non-registrants)
- agency and contract workers (including pharmacy locums), and
- any third party who helps the pharmacy provide any part of the pharmacy service, and deals on behalf of the pharmacy owner with people who use pharmacy services

Who this guidance is for

The pharmacy owner is responsible for making sure this guidance is followed. In this document, the term 'you' means the pharmacy owner.

If the registered pharmacy is owned by a 'body corporate', the directors have responsibility. People responsible for the overall safe running of the pharmacy need to consider the size and nature of the pharmacy, the range of services provided and, most importantly, the needs of patients and members of the public.

However, everyone in the pharmacy team should read this guidance and be familiar with it, including staff and managers with delegated responsibility. We also believe this guidance will be helpful for other organisations who employ pharmacy professionals or provide pharmacy services, and across a range of settings – whether or not we regulate those settings.

We expect you to follow this guidance. Not following the guidance might mean that you fail to meet one or more of the standards for registered pharmacies. This could result in our taking enforcement action – you can see more

information about this in the GPhC's **Registered pharmacies enforcement policy**.

However, we recognise that the nature and scale of a pharmacy business has a significant impact on the resources and systems it can use to meet our standards and guidance. We also recognise that there can be different ways to meet our standards and achieve the same outcomes for patients – that is, to provide safe and effective treatment, care and services.

We expect you to follow this guidance and the legislation of the country in which you operate. If you are operating in Wales, this means that you need to consider it alongside the Welsh Language Standards that you have to comply with.

If you do not follow this guidance, you should be able to show how your alternative ways of working safeguard patients, identify and manage any risks, and meet both our standards and any legal requirements.



Introduction

What is equality?

The Equality Act came into force in 2010, bringing together more than a hundred separate pieces of legislation into one single Act. It applies to everyone in Great Britain who provides goods, facilities or services to the public. This includes registered pharmacy premises.

Equality is about making sure that people, or groups of people, are not treated less favourably because of their protected characteristic(s). It is also about everyone having an equal opportunity to make the most of their potential. This may mean that, at times, people are not just treated 'the same', but in ways that reflect their individual needs and characteristics, and the inequality they may experience.

The nine protected characteristics

The nine protected characteristics, as defined by the Equality Act 2010 are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

For more information, please see Annex 1.

The role of pharmacy owners

Pharmacy owners are responsible for ensuring the safe and effective provision of pharmacy services from a registered pharmacy. They are accountable for making sure that the standards for registered pharmacies are met, and for creating and supporting an environment in which pharmacy professionals can demonstrate their professionalism and deliver person-centred care.

There is a growing urgency, both in society as a whole and within pharmacy, to tackle all forms of inequality. As a service provider, it is essential that you create an environment where you protect the safety and welfare of both your team and patients, and work within the law.

This includes making sure that no one is unlawfully discriminated against, either in your workplace or when you provide services.

Why is this important?

As well as being a legal and regulatory duty, embedding the principles of equality and human rights in your pharmacy is the right thing to do.

A person-centred approach to care can improve the experience of people using your services, the care they receive, and the health outcomes of the whole community that you serve.

Your efforts to deal with health and workforce inequalities – and to remove the barriers that people face when trying to access health and care services – can also bring benefits to society

and the wider economy. This can be measured in several ways, including:

- improved access to services, as some people may be more likely to go for care and support to pharmacies with whom they share some social or cultural characteristics
- lower levels of ill-health among the local population
- higher productivity from staff
- improved staff morale and engagement
- greater staff loyalty and retention
- lower levels of sickness absence and absenteeism

The four main types of discrimination are:

- direct discrimination (that is, treating one person worse than another person because of a protected characteristic)
- indirect discrimination (that is, when there is an organisation's policy that applies in the same way for everybody but disadvantages a group of people who share a protected characteristic)
- harassment (that is, treating people in a way that violates their dignity, or creates a hostile, degrading, humiliating or offensive environment), and
- victimisation (that is, treating people unfairly if they decide to take action under the Equality Act, or if they support someone else who is doing so)

For more information, please go to the Equality and Human Rights Commission (EHRC) website.

It can also help to reduce the chance of unnecessary disciplinary and fitness to practise actions being brought against your pharmacy if you encourage greater awareness and understanding of the different protected characteristics, and tackle discrimination and prejudice. Complaints, grievances and employment tribunal claims can be costly and disruptive for your pharmacy.

Pharmacy owners can lessen the risk of this sort of financial and reputational damage by meeting their equality and human rights responsibilities, and by following the standards for registered pharmacies.

Your obligations

Legal obligations

All providers of public services need to meet the Equality Act 2010 sections that relate to service provision and to employment.

As a service provider, you must keep to the law. The law sets out the minimum legal obligations that you must meet to remove the potential for discrimination, harassment and victimisation. Equality law affects everyone responsible for running your business or who might do something on its behalf, including your staff.

The Equality Act 2010 introduces the 'duty to make reasonable adjustments' to the property you provide services from, to meet the needs of disabled people (including your employees). This may mean:

- changing the way you deliver services
- providing extra equipment, and
- removing physical barriers



Importantly, you must not pass on the costs of making these adjustments to others.

The duty to make reasonable adjustments is 'anticipatory'. This means that you should think in advance (and from day to day) about what people with a range of impairments might reasonably need. These could include:

- changes to the physical features of your pharmacy (that is, its design, construction, entrance, exit, fixtures, fittings, furnishings and so on)
- adding an 'auxiliary aid' (such as an induction loop for people with hearing difficulties), and
- providing help with, or changes to, how information is provided

What is 'reasonable' will depend on the size and circumstances of your pharmacy. The adjustments you make do not necessarily need to be about costly installations or introducing permanent features. This might be unreasonable for the scale of your business, or impossible in the context of your premises. The reasonable adjustments you make should be adequate to the services you provide and the needs of the local population you serve.

As far as your staff are concerned, your duty to make reasonable adjustments for them is not anticipatory. This means that you only have to make adjustments if you are aware that a worker has a disability. For example, this may be someone who is applying for a job at your pharmacy and needs an adjustment to help them through the application process. Or an existing member of your team may develop a disability. You must then take steps to remove, reduce or prevent the obstacles that person

might face in applying for, doing, or keeping their job.

Regulatory obligations

Your regulatory obligations go beyond your legal ones.

We expect you to take whatever steps you need to run your pharmacy in a way that encourages equality of opportunity and respect for diversity.

You are responsible for creating and supporting an environment in which pharmacy professionals can:

- demonstrate their professionalism, and
- deliver person-centred care that takes account of the diverse needs and cultural differences in the communities you serve

We expect you to be fair and inclusive in your approach to everything you do, including your interactions with people you meet and deal with through the course of your work. This includes your relationships with patients, other healthcare professionals and service providers, and other people you work with.

As a pharmacy owner, you have an important role to play in carrying out your equality policies and procedures and in achieving fair outcomes. You must act with integrity and honesty, and in a way that is fair, inclusive, and transparent.

When possible, your approach to equality should include everyone, including people who may face disadvantage because of their socio-economic background, their caring responsibilities, language barriers or other challenges.

As a pharmacy owner, you also have a responsibility to encourage diversity at all levels of your workforce.

Equality and the GPhC standards for registered pharmacies

This guidance is set out under each of the five principles used in our standards for registered pharmacies.

Principle 1: The governance arrangements safeguard the health, safety and wellbeing of patients and the public.

1.1 Identifying and managing risk

Pharmacy owners have an important responsibility to identify and manage the risks associated with providing pharmacy services.

A targeted risk assessment is a useful way to identify anything in the pharmacy that could prevent patients from accessing pharmacy services or prevent staff from providing services. You then need to decide what to do to keep this risk as low as reasonably practicable. An example of a risk is when a pharmacy professional's religion, personal values or beliefs might affect their willingness to provide certain services. For more information, please see our **guidance on religion, personal values and beliefs**.

Risk assessments need to consider the circumstances of each individual pharmacy. They should be reviewed and updated regularly, and when there are significant changes to, for example:

- the range of services provided
- staffing
- the population being served, or
- the physical premises

The findings of risk assessments should ideally provide clear recommendations, whenever appropriate. These should say how reasonable adjustments are to be made, and the timescales for doing this.

The following example shows how pharmacy owners can meet the requirement to identify and manage risk. It may not apply in all situations and there may be other ways to meet this requirement.


Example: Identifying and managing risk

Context

Acknowledging that people from ethnic minority backgrounds, as well as some other groups, are being disproportionately affected by COVID-19, a pharmacy owner took steps to risk assess staff and patients.

What measures were taken?

The pharmacy owner put appropriate arrangements in place to protect their staff, trainees, and their patients.



Occupational risk assessments helped identify at-risk and vulnerable people within the team, including staff from ethnic minority backgrounds, along with other vulnerable groups, such as those with existing health conditions.

For patients that were exceptionally vulnerable, the owner arranged to deliver the patient's medication to their home, so that they didn't have to come into the pharmacy.

1.2 Reviewing and monitoring the arrangements in place

Pharmacy owners should regularly review and monitor the safety and quality of pharmacy services. You should also do this whenever circumstances change – for example, when significant business or operational changes are made.

Any changes to your governance arrangements, systems or policies could disproportionately disadvantage certain groups or individuals, and therefore need to be carefully monitored. Similarly, if the existing arrangements have been in place for a while, you should make sure they are still fit for purpose and do not adversely affect certain groups or individuals.

Before introducing any new practices, policies, or procedures, you may also want to consider whether to carry out an Equality Impact Assessment (EIA). An EIA is an analysis of a proposed organisational policy, or a change to

an existing one. Its aim is to assess whether the policy has a disproportionate impact on people who share one or more of the protected characteristics. EIAs are often carried out by public bodies to help them meet their equality duties. But they can also be a useful tool for you to use in your pharmacy.

Carrying out an EIA is an example of good equality practice. However, it does not necessarily need to result in a written document or report. You should be able to demonstrate that you have taken equality considerations into account if you have:

- based your decisions on evidence
- thought about any unintended impacts and how to lessen these, and
- kept a record of your decisions

For more background information on EIAs, please see our 'other useful sources of information' section at the end of this document.

The following example shows how pharmacy owners can meet the requirement to review and monitor arrangements. It may not apply in all situations and there may be other ways to meet this requirement.

Example: Reviewing and monitoring arrangements

Context

A community pharmacy was considering a complete refit of the premises. As part of this, the owner was looking to implement a new process where the dispensing would be highly automated using two robots.

What measures were taken?

The pharmacy owner asked for feedback from a wide range of patients, including people sharing protected characteristics.

This was to make sure that any changes would not adversely affect their ability to access pharmacy services. The owner also carried out an equality impact assessment.

The pharmacy developed procedures to make sure it could adequately identify any issues once the changes had been made.

All services were risk assessed before the changes, and regularly afterwards to make sure that risks were managed.

Improvements have been demonstrated by comparing the new services and technology with the previous arrangements.

1.3 Staff with clearly defined roles and accountability

Pharmacy owners are responsible for making sure that pharmacy services are provided by staff with clearly defined roles and clear lines of accountability. There should be transparency and fairness when it comes to allocating roles or promoting staff, and when applying policies in the pharmacy.

In the spirit of fairness and proportionality, it is good practice to put in place policies and procedures which consider the size and circumstances of your pharmacy.

You should consider developing a clear equality policy for your staff and the people using your services. This demonstrates good equality practice and lets everyone know that this is something you take seriously. It clearly shows your staff, as well as patients and members of the public, that you are committed to equality and diversity in everything you do as an employer and service provider.

Your policy should spell out your commitment to the principles of equality, as well as setting out any legal requirements. A statement of this kind usually defines your workplace culture and could clearly set out that discrimination and harassment will not be tolerated in your pharmacy. It should cover every aspect of running a pharmacy, from recruitment through to pay, benefits, training, management, discipline and grievance procedures.

You should make sure that your staff understand their equality obligations by giving them specific training. This training should cover:

- equality law
- the protected characteristics
- a definition of acceptable and unacceptable behaviour
- their personal responsibilities, and
- your equality policy

Staff also need to be aware of the requirement to follow the NHS **Accessible Information Standard**, which aims to make sure that people

who have a disability, an impairment or sensory loss are provided with information in an accessible format, and supported to use it.

You should also consider other training that could be useful and appropriate, including training about cultural competence and decision-making. Cultural competence means being able to understand and interact with people in a way that recognises and respects diversity and cultural differences, including values, beliefs and behaviours. This includes:

- a willingness to learn about the cultural practices of other people
- having a positive attitude towards cultural differences, and
- a readiness to accept and respect cultural differences

Cultural competence is especially important when providing services to diverse communities and groups.

Staff who understand their roles and responsibilities in relation to equality can provide a good service, make informed decisions, and feel able to raise concerns if they need to.

The following example shows how pharmacy owners can meet the requirement to have staff with clearly defined roles and clear lines of accountability. It may not apply in all situations and there may be other ways to meet this requirement.

Example: Staff with clearly defined roles and accountability

What is the challenge?

Patients have reported that they are not always clear on the roles, qualifications and expertise of pharmacy staff. If patients have an issue or need to ask for advice, they would like to easily identify the correct member of staff.

This is especially true for people with learning disabilities, who benefit from clear, simple, and possibly repeated explanations and instructions.

What measures were taken?

The pharmacy displayed photos of staff responsible for specific services, along with their job titles, to help people using those services.

The owner made sure that staff had received equality training and were able to identify people coming into the pharmacy who might need extra support.

1.4 Openness to feedback and action on concerns

Pharmacy owners should be willing to listen to staff and patient feedback and concerns, and take these into account when appropriate. This includes any reports of unfair treatment and discrimination. As an employer, you are legally responsible if your staff carry out acts of discrimination, harassment and victimisation during their work. You can prevent this behaviour if you tell your staff what is expected of them and how equality law applies to what they are doing. Ways to tell them about equality law would include your equality policy, dedicated equality training and their terms of employment. If you use these, you will be able to show that you have taken reasonable steps to prevent unlawful discrimination and harassment.

If someone does complain, you should investigate what has taken place. If appropriate, you may also need to discipline the person who has unlawfully discriminated against or harassed someone else.

You should have a clear complaints policy, to make sure that you deal with all complaints – including those of discrimination, harassment and victimisation – promptly, fairly, openly and effectively.

1.5 Appropriate indemnity or insurance arrangements

To keep to equality legislation, all organisations providing goods, facilities or services to the public must consider making 'reasonable adjustments' to their practices and the services they deliver. The duty to make reasonable adjustments aims to make sure that disabled

people can experience services to a standard as close as possible to that usually offered to non-disabled people.

A pharmacy could provide reasonable adjustments for older people or disabled patients who need to take medication by giving them 'compliance aids', such as:


- 'easy open' containers
- multi-compartment containers, divided into days or parts of days
- reminder charts
- alarms (such as notifications on mobile phones)
- dexterity aids, for example to help open jars
- winged or plain bottle caps

However, you shouldn't assume that a patient will necessarily benefit from a particular adjustment. It is important to establish what the need is, the suitability of an adjustment, and the preference of the patient.

Once an adjustment has been made, the pharmacy and the pharmacist are responsible for it. If the adjustment causes harm, this could lead to professional liability and indemnity claims against the pharmacy. Examples of harm include: a reminder chart that the patient is not able to understand, or a monitored dosage system which results in incompatible medicines being given or a deterioration of the medicines.

1.6 Maintaining all necessary records for the safe provision of pharmacy services

You must make sure that you keep and update all pharmacy records required by law – including any that you need to meet your



equality obligations. This will demonstrate that services in your pharmacy are provided safely and effectively.

1.7 Protecting the privacy, dignity and confidentiality of patients and the public

Pharmacy owners should make sure that sensitive information is managed to protect the privacy, dignity and confidentiality of your staff, patients and members of the public who receive pharmacy services.

This is particularly important for EDI information. This information is sensitive personal data and individuals always have a right for it to be kept confidential and protected. For example, if members of the pharmacy team are aware of an individual's medical history or circumstances, they should ask the person for permission before passing this information on to someone else.

You should also take the greatest care with your staff's EDI information. Monitoring the profile of your staff, although you do not need to do this by law, will demonstrate your commitment to equality. It can also help you understand the make-up of your workforce and their different needs, as well as show you areas for improvement.

You should collect only the information that you can use effectively. You should also have a statement which makes it clear to your employees, and any new job applicants, why you are collecting this information. You should have effective procedures in place to control how equality information is collected, stored, and analysed. You must make sure that the information collected is processed fairly and

lawfully, and in line with the **Data Protection Act 2018**.

You may decide to collect anonymous information, and this might mean people are more likely to volunteer their data. In any case, you need to reassure them that the information they give will never be used to discriminate against them.

1.8 Safeguarding children and vulnerable adults

You will find that your responsibilities under equality legislation overlap with the need to safeguard vulnerable service users.

You should consider whether you have the right systems and policies in place to handle confidential information and communicate with any relevant agencies. You should also consider whether you provide the right environment where patients and members of the public feel safe to share concerns and disclose personal information.

Safeguarding issues can arise in different circumstances and can affect several groups, including:

- children and older people
- women, who may or may not be pregnant, and
- transgender people

They could also affect people based on their race, religion or sexuality. Being able to spot warning signs and take appropriate action is a key part of your pharmacy providing safe and effective services to patients and the public.

The example below shows how pharmacy owners can meet the requirement to protect

the privacy, dignity and confidentiality of staff, patients and the public. It may not apply in all situations and there may be other ways to meet this requirement.

Example: Safeguarding children and vulnerable adults

Context

The pharmacy provided a range of extended services for people with dementia and their families.

There were many patients in the community suffering from dementia of varying degrees. So, the pharmacy identified the need for improved local provision and improved knowledge among staff, patients and carers.

What measures were taken?


One of the pharmacists decided to undertake personal training and development, and became involved with other healthcare professionals – including specialists – on a dementia project.

The pharmacist developed a checklist of areas to consider in pharmacies to make them 'dementia friendly', to be used at first in their own pharmacy. This was later developed into a 'toolkit' for all pharmacies to use, which included: training material for pharmacy staff, agencies to refer patients to, and an audit to assess pharmacies' 'dementia friendliness'. The toolkit was shared with the Royal Pharmaceutical Society, and it was also used by a university and trialled in some local pharmacies.

The pharmacy linked with Alzheimer's Scotland and all staff in the pharmacy were trained by one of their outreach workers.

The pharmacy set up a weekly drop-in clinic for patients, carers and families. This allowed them to get support and access to other services and was well attended and became very popular.

Local businesses regularly referred their customers to the pharmacy. The pharmacy also won an award for the Best Independent Community Pharmacy for Innovation for their work in dementia care.



Principle 2: Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public.

2.1 Enough suitably qualified and skilled staff

The number of staff and the skill mix needed for the safe and effective provision of services depends on the size, workload, and context of your pharmacy. However, it is important that there is a staffing plan, including any contingency plans. You also need to have regular reviews of the staffing levels and the skills and qualifications needed by staff members. This should include considerations about equal opportunities for candidates to apply for and get different roles or positions, making sure that people are not disadvantaged or discriminated against because of a protected characteristic.

Equality law allows you, as an employer, to take 'positive action'. Positive action is the term used for measures allowed under the Equality Act to put right the disadvantage or under-representation experienced by people who share protected characteristics. These apply in the workplace, and – in specific cases – in the provision of goods, facilities or services. There are also statutory conditions that you must meet before applying positive action measures.

The law also distinguishes between positive action (which is lawful) and positive discrimination (which is unlawful).

An example of positive action would be if the make-up of your team was different to the make-up of the local population, and you

wanted to encourage more candidates who shared a particular protected characteristic to apply.

We strongly recommend that you read and carefully follow the **advice from the Equality and Human Rights Commission (EHRC) on positive action**, so you can get this right. The guidance includes examples of different forms of positive action and when you might use these.

2.2 Staff with appropriate skills, qualifications and competence for their role and the tasks they carry out

You are responsible for making sure that all staff are properly trained and competent to provide medicines and other pharmacy services safely and effectively. This includes equality training.

As an employer, you must make sure that the opportunities you offer for training and development are free from unlawful discrimination. When deciding on training opportunities, focus on the individual needs of your team members, rather than on their protected characteristics and your assumptions about these. For example, when considering training, do not overlook pregnant women or people on maternity or paternity leave.

Try to be flexible about the training opportunities you provide to your employees. This means making sure that the style, timing or location of the training does not put anyone who shares a protected characteristic at a disadvantage.

The following example below shows how pharmacy owners can meet the requirement that all staff are properly trained and competent to provide medicines and other pharmacy services safely. It may not apply in all situations and there may be other ways to meet this requirement.

Example: Staff with appropriate skills, qualifications and competence for their role

Context

The pharmacy owner made sure that their induction and training programmes reflected their EDI commitments, and supported staff in identifying and achieving their learning goals.

What measures were taken?

A comprehensive induction programme was in place for new members of the team, which covers the pharmacy’s equality and diversity, whistleblowing, and complaints policies.

There was a programme in place where newer team members could shadow more experienced colleagues when learning various tasks. The pharmacy had also introduced a ‘buddy’ system to support colleagues in training roles.

The superintendent pharmacist led regular training sessions with all the team, and pharmacy team members had access to different training modules. Pharmacy team members regularly shared information on healthy living topics and held regular conversations and team meetings.

The pharmacy had ‘training request’ forms which team members could use if they wanted any specific training or further support. Team members could say if they would benefit from one-to-one learning and if they were able to do extra training outside their contracted hours. This allowed flexibility for employees and catered for disabled people and people with religious commitments or caring responsibilities.

The decision by the pharmacy owner to invest time and effort in staff training meant that staff were well placed to provide safe and effective services to patients and the public, and that they treated everyone with dignity and respect.

2.3 2.4, 2.5 Empowered staff and an open learning culture

As the pharmacy owner, you are responsible for making sure staff can always meet their own professional and legal obligations. They must feel able to provide feedback and raise concerns – including about discrimination – without fear of harassment or victimisation.

The culture in your pharmacy will depend on your leadership. If you demonstrate your commitment to equality and human rights from the start of their employment and make it part of your organisational culture, your staff will feel motivated. You will also be able to attract and keep valuable workers. If treating everyone with dignity and respect is the way of doing things in your pharmacy, you are much less likely to have a case of discrimination, bullying or harassment brought against you and your team.

If you have an open and inclusive culture, free from harassment and prejudice, you will have a committed pharmacy team who apply the principles of equality and human rights in their work.

If a member of your team wants to complain about discrimination, they might raise this with you, or make a claim in an Employment Tribunal. It would be in your interests to avoid the latter, which could be lengthy, costly, and damaging to your pharmacy's reputation. You could avoid this by making your staff confident that their complaints about discrimination will be taken seriously. They should know how to raise a concern – informally, or by using a set grievance procedure – and know that there would be consequences if someone has discriminated unlawfully. They should also feel able to get advice from within the pharmacy, or from outside (from unions, charities, the GPhC or other bodies), before deciding whether or not to raise a concern.

The following example illustrates how pharmacy owners can meet the requirement to make sure staff can always meet their own professional and legal obligations. It may not apply in all situations and there may be other ways to meet this requirement.

Example: Empowered staff and an open learning culture

What is the challenge?

A concern was raised by a member of staff about the unprofessional and discriminatory behaviour of one of their pharmacist colleagues. This was based on observation of the pharmacist's attitude towards the complainant and others.

The complainant reported experiencing distress due to the behaviour of the pharmacist in question.

What were the measures?

The pharmacy owner investigated the complaint by speaking with other members of the team and the registrant in question and by observing their behaviour. They then took the steps needed to deal with the concerns raised.

These steps included getting a formal apology for the complainant and giving them support for their mental health. The complaint was also recorded on the pharmacist's file. All the team had refresher training on equality and a reminder about the different ways of raising a concern – for both employees and members of the public. They also received support with their mental health.

The pharmacy owner had to decide whether disciplinary action was necessary. They decided that the steps that had already been taken – which included the additional training and the apology – were appropriate in this case.

Principle 3: The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public.


You must make sure that your pharmacy premises are safe and suitable for providing services to patients and members of the public. When planning and reviewing the suitability of your premises, you should take account of the needs of people with different protected characteristics, including those with mobility or comprehension issues.

You must make sure that nobody is unlawfully discriminated against, harassed or victimised when using your premises. This partly depends on the awareness and attitude of your staff. But it is also affected by the environment in your pharmacy, and how it works to protect the privacy, dignity and confidentiality of the people you serve.

You will see examples of what pharmacies have done in this area in the box below. These may not apply in all situations and there may be other ways to make sure you meet this requirement.

Example: The environment and condition of the premises

- A pharmacy provided private booths for COVID-19 vaccinations. This helped protect people’s privacy and dignity if they needed to remove any items of clothing before being vaccinated. Cordless phones were used in one pharmacy to allow staff to hold private conversations away from the public area. This was particularly important for people wanting to discuss sensitive issues, such as:
 - aspects of their long-term condition
 - gender reassignment, or
 - the impact of religious fasting on their health and wellbeing
- The consultation room in a pharmacy was an appropriate size to accommodate people, as well as their carers, parents or chaperones. Its door was wide enough to allow access for people with mobility difficulties. The room was clean, clutter free and well signposted for the convenience of people with cognitive or visual impairments. Its use was routinely promoted by pharmacy team members to people visiting the pharmacy.
- One pharmacy had a number of systems in place to get regular feedback from patients. This included a yearly survey, as well as anonymous feedback from regular ‘mystery shoppers’. The pharmacy team reviewed the results from the surveys, and used the feedback to improve the



layout and design of the pharmacy. This had recently included:

- installing an automatic door to improve accessibility
- a dedicated seating area for people waiting for services
- installing a suitably sized consultation room, and
- a separate 'consultation pod'

This allowed the pharmacy to deliver its services in a private and confidential manner.

Principle 4: The way in which pharmacy services, including the management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public

4.1 Accessible pharmacy services

You are responsible for making sure that your services are accessible to patients and the public. This is not just about the physical accessibility of your premises. It also means your services must be available and provided adequately, at the right time, in the right place, and in the right way.

A thorough and ongoing risk and equality impact assessment will allow you to assess the accessibility of your pharmacy premises, and consider any reasonable adjustments you may need to make.

You may also consider adjustments for people sharing one or more of the protected characteristics – for example, older people visiting your pharmacy, or pregnant members of staff.

You should think about every aspect of your premises, including:

- how people enter and find their way around in the pharmacy
- how people communicate with staff
- any signs and information you provide
- any desks, counters and waiting areas

If you provide some or all of your services over the internet, you also need to think about the

accessibility of your virtual ‘premises’ – your website – and make sure it is free from discrimination. For example, you mustn’t allow any discriminatory information or advertisements to appear on your website, and you must make reasonable adjustments to make sure that your website is accessible to disabled people.

Examples: reasonable adjustments

- Providing lifts, wide or automatic doors, handrails or ramps for people with mobility issues.
- Parking spaces set aside for disabled people.
- Providing ‘tactile’ signage, for example signs with braille or raised print, and printed information in different formats for people with visual impairments.
- Providing a hearing loop system for people with hearing impairments.
- Making sure the entrance and exit are a different colour from other doors, or easily identifiable in some other way by people entering the pharmacy. This will help visually impaired and partially sighted people, as well as people with learning disabilities.
- Making sure there is clear signage in the pharmacy.
- Providing clear instructions and individual help for people with learning disabilities, with things such as filling in forms.
- Using pictograms to help people with learning difficulties or people who speak other languages.

- Using translation/interpreting services for people whose use of English is limited.
- If you have a website, providing text-to-speech software for people with visual impairments. You could make other adjustments to meet the needs of people who cannot use a mouse, and for people with dyslexia and learning difficulties.

The following example shows how pharmacy owners can meet the requirement to make sure services are accessible to patients and the public. It may not apply in all situations and there may be other ways to meet this requirement.

Example: Safe and accessible pharmacy premises

Context

This shopping centre pharmacy carried out targeted risk assessments and considered the needs and make-up of its local community, to make sure there was easy access to its premises and services.

What measures were taken?

There was good physical access to the pharmacy by a flat entrance which opened onto a flat shopping centre. Wide aisles allowed prams, wheelchairs and disabled people to move about easily in the pharmacy. There was a low reception desk at the end of the dispensary which allowed wheelchair access. This allowed patients to reach a desk to sign prescriptions and receive their medication.

There was a hearing loop system, and staff had strategies to make sure patients with hearing impairments understood how to use their medicines.

Large-print labels and large-print direction sheets were supplied for people who needed them. Other strategies used to help patients included:

- labelling some eye drops on the bottle and some on the carton so that patients could easily tell them apart
- supplying tablets that were cut in half, and
- repackaging tablets from plastic blisters into bottles with plain tops

All these strategies were risk assessed and the patient medication record (PMR) was noted to make sure medications were always supplied in this way.

4.2 Safe and effective pharmacy services

Having an equality policy in place and making sure that everyone involved in delivering services has had equality training will help avoid unlawful discrimination and promote equality. Members of your team will be aware of the principles of equality and of the need to provide more time, targeted care, or adequate help to people who need it.

You are also responsible for making sure that your pharmacy services are inclusive, and responsive to the diverse needs and cultural differences in the communities you serve.

You must be satisfied that:

- people sharing any of the protected characteristics are not disadvantaged, and
- the care they receive is not compromised by gaps in your service provision or by a lack of awareness of their specific needs

You could consider adding clear visual signs, such as inclusivity posters, to make sure that everyone feels welcome in your pharmacy, and to reassure them that they will be treated with dignity and respect.

Pharmacies are in a unique position, compared to other health and care services. They are in the heart of local communities and are best placed to spot and deal with health inequalities among the local population. These unfair and avoidable differences in physical health outcomes, mental wellbeing and life expectancy have been made worse by the COVID-19 pandemic.

You are able to assess the needs of people coming into your pharmacy every day and the issues they are facing. These may be specific to certain socio-economic or ethnic groups.

Your role in tackling health inequalities could involve a targeted and better-informed use of primary care and public health services and prevention initiatives. This includes, for example, using the available locally-commissioned interpretation and translation services when treating NHS patients, or using other commercial services. It could also involve the support of local community and faith leaders and use of your staff's own expertise and cultural awareness. For example, their ability to speak languages commonly used in the area can help remove language and

communication barriers and deal with varying levels of literacy.

Using staff who speak other languages can help make sure that people receiving pharmacy services have the information they need, in an accessible way, about their medication and how to take it. However, when using staff or the local community to remove language and communication barriers, it is important to identify and manage the risks. You should consider whether the level of proficiency in the language allows for accurate interpretation especially when technical terms are involved. One example of this would be giving directions for inserting pessaries and suppositories. You should also consider whether the privacy, dignity and confidentiality of people using your services can be maintained.

Something common to pharmacies that provide excellent and outstanding services is how person-centred they are. Staff are willing to listen to people, and to identify and respond to their current and prospective needs. For example, if you become aware that certain groups of people face a disadvantage, you will demonstrate good practice if you take positive steps to address their needs.

As with everything you do, we expect you to use 'due diligence' and have the right governance arrangements in place to support all your actions.

The following example shows how pharmacy owners can meet the requirement to provide safe and effective pharmacy services. It may not apply in all situations and there may be other ways to meet this requirement.

Example: Safe and effective pharmacy services

Context

The pharmacy worked with local and other stakeholders to identify and attempt to overcome the barriers to COVID-19 vaccination among groups with ethnic minority backgrounds

What measures were taken?

The lead pharmacist worked with local community leaders to identify places that could be used as 'outreach clinics' where people could get vaccinated. As people already trusted their local leaders, they were more likely to use the outreach clinics.

As a result of these conversations, the lead pharmacist worked with NHS England to change their contract so the vaccination could take place in the different sites they had arranged.

The pharmacist also worked with the local media to counter 'fake news' from social media, and deal with historical myths and nervousness among the community. This was to try to increase the uptake among some people with ethnic minority backgrounds.

People using the service were provided with a private space for vaccination, which preserved their dignity. They could also choose to be vaccinated by someone of a particular gender. There were pharmacy team members who spoke different languages, so they could explain the process if English was not the person's preferred language.

Principle 5: The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public.

Just like with your pharmacy premises, the equipment and facilities used in your pharmacy must be safe and suitable for providing pharmacy services. This includes any equipment and facilities you use as reasonable adjustments to meet the needs of patients, service users and your staff.

In the case of adjustments made for your staff, whether these are linked to disability or another protected characteristic (for example, pregnancy), it is a good idea to discuss these with the specific member of staff to make sure they are suitable and effective.

Annex 1: The nine protected characteristics as set out in the Equality Act 2010

Protected characteristic	What this means under the Act	Resources
Age	<p>A person belonging to a particular age, or a range of ages.</p> <p>Age discrimination could be based on someone’s actual or perceived age, or on their connection to someone of a specific age or age group.</p>	<p><u>Age UK</u></p> <p><u>Centre for ageing better</u></p> <p><u>Older people, CPPE</u></p> <p><u>Independent Age</u></p> <p><u>Children’s Rights Alliance for England</u></p>
Disability	<p>A physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative impact on a person’s ability to do normal daily activities.</p> <p>‘Substantial’ means the impairment is more than trivial, while ‘long-term’ means the impairment must have lasted for the last year, or be expected to last for 12 months or more.</p>	<p><u>Access to Work government scheme</u></p> <p><u>Business Disability Forum</u></p> <p><u>Consulting with people with physical disabilities programme, CPPE</u></p> <p><u>Disability Confident scheme</u></p> <p><u>Disability Matters</u></p> <p><u>Disability Rights UK</u></p> <p><u>Enhance the UK</u></p> <p><u>Hidden disabilities UK</u></p> <p><u>Learning disabilities programme, CPPE</u></p> <p><u>MIND</u></p> <p><u>Rethink Mental Illness</u></p> <p><u>NHS Workforce Disability Equality Standard</u></p>



Protected characteristic	What this means under the Act	Resources
Disability (Cont'd)		<p><u>College of Mental Health Pharmacy</u></p> <p><u>PDA Disabled Pharmacists' Network (Ability)</u></p> <p><u>SCOPE</u></p>
Gender reassignment	<p>The process of moving from one sex to another.</p> <p>Gender reassignment discrimination is when a person is treated differently because they are transsexual. To be protected from gender reassignment discrimination, a person does not need to have had any specific treatment or surgery to change from their birth sex to their preferred gender. They can be at any stage in the process – from proposing to reassign their gender, to going through a process to reassign their gender, or having completed it.</p>	<p><u>Mermaids</u></p> <p><u>National Center for Transgender Equality</u></p> <p><u>Sparkle</u></p> <p><u>Transgender Law Center</u></p> <p><u>Gender Identity Research & Education Society</u></p> <p><u>Transgender healthcare - consulting with dignity and respect, CPPE</u></p>
Marriage and civil partnership	<p>Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners and same-sex couples must not be treated less favourably than other married couples (except when this is allowed by the Equality Act).</p>	<p><u>Marriage and civil partnership discrimination, Citizens Advice</u></p>

Protected characteristic	What this means under the Act	Resources
Pregnancy and maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity means the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.	<p><u>Maternity Action</u></p> <p><u>MumsAid</u></p> <p><u>Pregnant then Screwed</u></p> <p><u>British Pregnancy Advisory Service (BPAS)</u></p> <p><u>Working Families</u></p> <p><u>Families need Fathers</u></p>
Race	Race refers to a group of people defined by their race, colour, and nationality (including citizenship). Race also covers ethnic and racial groups. A racial group can be made up of two or more distinct racial groups, for example black Britons, British Asians, British Sikhs, British Jews, Romany Gypsies and Irish Travellers.	<p><u>Runnymede Trust</u></p> <p><u>Race Equality First</u></p> <p><u>Race Equality Foundation</u></p> <p><u>Race Equality Matters</u></p> <p><u>NHS Race and Health Observatory</u></p> <p><u>NHS Workforce Race Equality Standard</u></p> <p><u>PDA BAME (Black, Asian and Minority Ethnic) Pharmacists' Network</u></p>



Protected characteristic	What this means under the Act	Resources
Religion or belief	Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect a person's life choices or the way they live for it to be included in the definition.	<p><u>Christian Aid</u></p> <p><u>Christian Medical Fellowship</u></p> <p><u>Hindu Council UK</u></p> <p><u>Islamic Relief</u></p> <p><u>The Jewish Council for Racial Equality</u></p> <p><u>Institute of Jainology</u></p> <p><u>Faith in Older People</u></p> <p><u>Humanists UK</u></p> <p><u>National Secular Society</u></p>
Sex	A man or a woman. Sex discrimination could be based on someone's actual or perceived sex, or on their connection to someone of a particular sex.	<p><u>National Alliance of Women's Organisations (NAWO)</u></p> <p><u>The Fawcett Society</u></p> <p><u>Womankind</u></p> <p><u>UK Feminista</u></p> <p><u>Centre for Women's Justice Forward</u></p> <p><u>End Violence Against Women</u></p> <p><u>Women's Aid</u></p> <p><u>Close the Gap</u></p> <p><u>ManKind Initiative</u></p> <p><u>Men and boys Coalition</u></p> <p><u>National Association of Women Pharmacists (NAWP), PDA</u></p>

Protected characteristic	What this means under the Act	Resources
Sexual orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes. The Equality Act 2010 says people must not be discriminated against because of their actual or perceived sexual orientation, or because of their connection to someone who has a particular sexual orientation.	<p><u>Stonewall</u></p> <p><u>LGBT Foundation</u></p> <p><u>The National LGBT Partnership</u></p> <p><u>LGBT Youth Scotland</u></p> <p><u>MindOut</u></p> <p><u>PDA LGBT+ (Lesbian, Gay, Bisexual and Transgender) Pharmacists' Network</u></p> <p><u>The Proud Trust</u></p>

Annex 2: Other useful sources of information

Organisation	Resources
Advisory, Conciliation and Arbitration Service (ACAS)	acas.org.uk
Care Quality Commission (CQC)	<u>How can a focus on equality and human rights improve the quality of care in times of financial constraint?</u> <u>Declare Your Care: People from black and ethnic minority communities</u>
Commission on Race and Ethnic Disparities	<u>The report of the Commission on Race and Ethnic Disparities (2021)</u>
CPPE	<u>Culturally competent person-centred care</u>
Diverse Cymru	diverseecymru.org.uk
Department of Health and Social Care (DHSC)	<u>NHS Staff Management and Health Service Quality, Independent report (2011)</u>
Equality and Human Rights Commission	<u>Equality Act guidance</u> <u>Public Sector Equality Duty</u> <u>What are reasonable adjustments?</u> <u>Equality impact assessments</u>
Equally Ours	equallyours.org.uk
General Pharmaceutical Council (GPhC)	<u>Delivering equality, improving diversity and fostering inclusion: our strategy for change 2021 – 2026</u> <u>GPhC knowledge hub</u>

Organisation	Resources
The Health Foundation	<u>Ideas into action: person-centred care in practice (2014)</u>
Health and Safety Executive	<u>hse.gov.uk</u>
Health Watch	<u>COVID-19: What can pharmacists learn from people's experiences of services? (2021)</u>
Legislation gov.uk	<u>Equality Act 2010</u>
LGBT Foundation	<u>Hidden Figures: LGBT Health Inequalities in the UK (2020)</u> <u>Good practice guide to monitoring sexual orientation and trans status (2021)</u> <u>Hidden Figures: The impact of the COVID-19 pandemic on LGBT communities in the UK, May 2020, 3rd edition (2020)</u>
National Dignity Council	<u>dignityincare.org.uk</u>
National Literacy Trust	<u>Adult literacy</u>
NHS England	<u>NHS Accessible Information Standard</u> <u>Guidance for Commissioners: Interpreting and Translation Services in Primary Care (2019)</u>
NHS X	<u>NHS Records Management Code of Practice (2021)</u>
NHS Scotland	<u>Interpreting, communication support and translation national policy (2020)</u>
Nuffield Trust	<u>Ethnicity coding in English health service datasets (2021)</u>
Nursing and Midwifery Council (NMC)	<u>The Progress and Outcomes of Black and Minority Ethnic (BME) Nurses and Midwives through the Nursing and Midwifery Council's Fitness to Practise Process (2017)</u>
Pharmacist Support	<u>pharmacistsupport.org</u>



Organisation	Resources
Pharmacists' Defence Association	the-pda.org
PSNC	<u>PSNC Briefing 01/16: Equality Act 2010 (January 2016)</u>
Public Health England	<u>Pharmacy and people with learning disabilities: making reasonable adjustments to services (2017)</u> <u>Language interpreting and translation: migrant health guide (2017)</u> <u>Reducing health inequalities: system, scale and sustainability (2017)</u> <u>Pharmacy teams - seizing opportunities for addressing health inequalities</u>
Royal Pharmaceutical Society	<u>Joint National Statement of Principles on Inclusive Pharmacy Professional Practice (September 2020)</u> <u>Joint National Plan for Inclusive Pharmacy Practice in England (March 2021)</u> <u>Improving Inclusion and Diversity across our profession: our strategy for pharmacy 2020 - 2025</u>
The Diversity Trust	diversitytrust.org.uk
The Equality Trust	equalitytrust.org.uk
Welsh Government	<u>More than just words: Welsh in the workplace (2019)</u>

Annex 3: Equality guidance survey with GPhC public panel: analysis report

Introduction

Between April and June 2022, we consulted on our new equality guidance for pharmacies. You can see [**details of the consultation and the analysis report on the findings**](#) on our website.

At the same time, we carried out a survey with members of our public panel. This ran between 27 April and 6 June 2022. We received **63** responses. This report is an analysis of the findings.

In the survey we asked about:

- people's positive experiences of using pharmacy
- any barriers they faced, and
- any improvements they could suggest

We also asked about their positive experiences and barriers when using other healthcare services. We asked people taking part to consider their own experience and those of their family members. See **Annex 4** for the survey questions.

The survey was designed to give us a bigger picture of what it was like for people when accessing pharmacy and healthcare. This is an important aspect of our EDI strategy. This sets out our commitment to improve the way we think about, and build into all our work, the

'lived experience' of patients and their views on this.

We also asked participants if they would be willing to be quoted, or for their experiences to be developed into a short case study. **54** participants agreed to this. We have used direct quotes from their responses in this report. In the future we plan to develop case studies and use quotes from responses to help bring to life the equality guidance for pharmacies.

Summary of findings

Positive experiences of pharmacy and other healthcare services

Overall most comments showed that people had not experienced any barriers to getting safe and effective care from pharmacies or wider healthcare services.

Most people reported that they had experienced efficient services, such as repeat prescriptions always being ready and medicines continuing to be supplied during COVID-19 pandemic lockdowns.

Receiving person-centred care was also reported by most participants. This included people commenting on professionals' positive attitudes to patients and meeting their individual needs.



Participants commented positively about the expert knowledge or advice they had been given, including:

- positive experiences of medication reviews
- pharmacists being able to change prescriptions when needed, and
- general health advice and reassurance

Negative experiences of pharmacy and other healthcare services

Some participants reported they had experienced poor or limited access to healthcare services, for example:

- long waiting times
- not being able to get a face-to-face appointment, and
- problems getting through to services by phone

There were a number of comments that noted the challenges of using services during the COVID-19 pandemic.

Some participants felt they had not received person-centred care. This included:

- professionals having a negative attitude towards patients
- individual needs not being met, and
- invisible disabilities not being understood

Medicines shortages and delays were reported by some participants. This included people having to make a number of trips to the pharmacy because prescriptions could only be partly filled, and not being able to get multi-compartment dispensers to help them use their medication.

Analysis of the survey responses

Experiences of pharmacy

Positive experience of pharmacies providing safe and effective care

The top three themes reported, in order, were efficient services, person-centred care, and expert knowledge.

Experiencing efficient services

There were a number of positive experiences reported on the theme of receiving services efficiently. Many participants commented that their repeat prescriptions were always ready when they needed them. They appreciated the fact that they could still get the medicines they needed during the COVID-19 pandemic. Participants were positive about experiences with urgent referrals and the flexibility around appointments for vaccinations and other services. They were also very pleased about being able to see pharmacy professionals on the high street and without the need for an appointment. Comments included:

“My partner (as a transgender woman) does have some specific needs for medication and our pharmacy has been really good at ensuring provision of these”

“My local pharmacy rang me to let me know that my emergency prescription... [was] available for collection, which then enabled me to only take [the] minimum amount of time off work as was necessary to collect my prescription.”

“My mother is disabled and housebound and her local pharmacy liaise with her and her GP

practice to deliver her prescriptions to her home. This works very well for her.”

Receiving person-centred care

Participants described experiencing person-centred care when:

- their individual needs were taken into account and met, and
- the pharmacy teams showed a positive attitude towards them

Many participants reported that they felt their pharmacy teams had tried extra hard to help them by:

- making sure medicines were supplied in the most suitable format for the patient, or
- arranging collection and deliveries that fitted around an individual's personal circumstances

Respondents also noted the efforts of pharmacy teams to make sure information is explained in a way the person understands. There were many positive reports of people feeling listened to and respected when using pharmacies. Also, a number of participants commented on the positive relationship they have with the pharmacy team who remember who they are and their needs and preferences. Comments included:

“My dad isn't very confident speaking English. However, the local pharmacist (who is also Indian) will make time and appointments for my dad to go in and speak to him about his medication.”

“The pharmacy have been particularly helpful in providing my son’s medication. He is autistic and can struggle with change – so when tablets change colour or the box is different [it] can be very difficult to manage. They were really understanding and explained they had little control over the boxes, but each time they check to see what colour the tablets are so we also get white ones. They even remember who I am and ask how he is doing. This is a busy and big in-store pharmacy, so it's pretty impressive that they personalise the service so much. They never make me feel like I am a nuisance.”

“Back when I was requiring a fairly intensive treatment regime for a chronic condition I live with, my local pharmacy were very helpful in finding me an alternative form of medication for one particular medicine as I can't swallow tablets. They were able to get my prescription changed to a granular form of the medicine which made it much easier for me to take it and had more of the impact that was needed since I was able to better absorb the medication.”

Expert knowledge of pharmacy professionals

Participants were positive about the expert knowledge pharmacy teams demonstrated. There were a number of positive experiences shared in responses, including those about:

- health advice given
- helping people find treatment options that worked for them, and
- doing medicines reviews

Participants found it especially helpful when a pharmacist could change a prescription if

needed, or they checked back with a GP if they had a concern about the prescription.

Comments included:

“As a Warfarin user, when taking additional medications, I often ask to speak to a pharmacist to discuss possible interactions and/or contraindications between medicines. Almost without exception their advice is patient, respectful, well-informed and reassuring.”

“My partner had a rash on his face and while we were out asked the pharmacist to look at it. He was told to contact his GP immediately and it turned out it was shingles.”

Barriers to accessing safe and effective care when using pharmacies

The vast majority of participants reported that they had not experienced any barriers to getting safe and effective care when using pharmacies. A few participants shared experiences where they had received a poor service or where their individual needs had not been met. Some reported issues with short supplies of medicines and problems with deliveries. Some reported problems with using pharmacies because of opening hours or waiting times.

Individual needs not being met

A few participants shared experiences where their individual needs were not met, or where they had experienced a poor service. While these comments were rare in the survey responses, they show the significant effect the experiences had on these individuals:

“When I used a busy central pharmacy, limited by my own working hours, the waiting times to get to the counter caused an issue for me as I

have an ‘invisible’ disability (a connective tissue disorder) which means I cannot stand for long periods of time. Whilst allowances were made for the elderly or noticeably infirm, I was unable to avail of this help without drawing attention to myself, which can be embarrassing, and I don’t always have the energy for.”

“Pharmacist would not assist husband when he was having an asthma attack in a chemist shop. The pharmacist was quite abrupt and really unhelpful. We cannot be sure that there weren’t racist motivations behind lack of help as my husband is Asian. Husband was eventually helped by a member of the public.”

Short supplies of medicines and problems with deliveries

A few participants reported experiences of:

- medications not being available, or
- some, but not all, of a prescription medicine being available

Hormone replacement therapy was mentioned specifically by a couple of participants as being particularly hard to get. Comments included:

“I have very often been let down by my pharmacy not having my medications on time or delivering only part of my medication.”

“It is a constant stress at the moment that I may not be able to obtain my HRT medication. Without which, among other symptoms, I experience severe cognitive issues which mean I cannot drive, work or self-advocate – or chase around trying to find where supplies are available. However, I recognise that supply issues are outside of the individual pharmacies’ control.”

“I have 28 prescribed medicines. When my GP practice stopped using the CMS (chronic medication service) I now have to constantly keep on top of ensuring I have enough medication. Often I am unwell and cannot travel to the pharmacy. I have asked my pharmacy if they would deliver to me but they refused saying priority goes to those in greater need. However, I feel I am as much [in] need of pharmacy deliveries as many of the customers who get their prescriptions – many of them have cars, I have to travel on public transport to my pharmacy.”

Issues with accessing pharmacies

A few participants commented that opening times were a barrier or that they had received a poor service. Comments included:

“The only barrier is opening times. Many local pharmacies close for lunch and this can be difficult for me as my mother’s medicines often need changes made, and I live a distance away, so have to wait till they reopen.”

“My daughter’s epilepsy medication order was cancelled by accident by the pharmacy and she ended up running out with another 3 days until they could get it in again. They couldn’t help come up with alternatives and just told me to contact the GP.”

Improvements pharmacies could make to better meet individual needs

Most participants said that they were satisfied with their pharmacy and did not think any improvements were needed.

Some suggestions were made, including:

- closer working relationships between the pharmacy team and GPs
- longer opening hours
- more confidential spaces for private conversations, and
- raising awareness of invisible disabilities

“More liaising directly with doctors, more ability to allow for changing medication especially in the case of the patient having side effects.”

“Be aware of invisible disabilities. Adopt a kind, patient and empathic approach to customers (our own pharmacy is seriously lacking in this area). Be aware that some people may need to be spoken to away from other customers.”

“I feel in our local pharmacy there could be better staffing and an easier way for a confidential conversation if required. There is a room they use for injections but generally customers are trying to converse through a plastic screen with a queue of people behind overhearing the conversation.”

Experiences of other healthcare services

Positive experience of other healthcare services providing safe and effective care

We asked participants about their experience of using wider healthcare services. Most said that they had received person-centred care and experienced efficient services, and commented on the expert knowledge and advice given. Some said that their needs had not been met.

Receiving person-centred care in other healthcare services

Comments included:

“When my autistic son broke his ankle he was seen quickly at the minor injuries unit to ease his anxiety. When we went to the trauma department appointment he couldn't get out of the car as he was so distressed – they were really great and came out to talk to him about what would happen when he came in. They said he could come in any time and not to worry about the appointment time. They saw him quickly once we got in and did things as they said they would. They were very accommodating and understanding and changed the process so he was as comfortable as possible because of the sensory impact of his broken ankle.”

“I have a phobia of needles. When I have needed to have an injection at the dentist I always ask them to make sure I don't see the needle. They have done this.”

Experiences of efficient services in other healthcare services

Comments included:

“When I call my mother's GP re her many illnesses they are always prompt in arranging appointments or follow-up calls. This is important for elderly people as their condition can change quickly, and is therefore greatly appreciated.”

“My parents both suffer with mobility issues. Their GP will make home visits, often popping into work before or after his shift which was such a comfort during the pandemic.”

Experiences of expert advice and knowledge in other healthcare services

Comments included:

“Hospital and GP staff listen and clarify needs when presenting. On a recent ambulance call-out by the 111 triage service, responding to shoulder and chest pain, was reassured by the tests and examination of the ambulance crew that it was not a heart attack but muscular.”

“I was able to send a photograph of my four-month-old grandson's rash on his back (possibly due to COVID) to my GP for further information about whether he needed to be seen in person. The result was that the consultation was quick and alleviated the worries that my daughter-in-law and son had about their little boy.”

Barriers to accessing safe and effective care when using other healthcare services

Some participants reported issues with using other healthcare services because of long waiting times and a lack of appointments being available. A similar proportion of participants said that they had not experienced any barriers to getting safe and effective care when using other health services. A few participants shared experiences of their individual needs not being met, with a number of them mentioning long-term conditions or disabilities as part of their response.

Issues with accessing other healthcare services

Comments included:

“Currently my parents have issues using online booking for the GP and are very frustrated that everything is still being done on the phone and not face to face.”

“We have to wait a long time to see a GP, and getting through to NHS24 on 111 is a nightmare- I've waited over 50 minutes on the phone getting through and it's annoying hearing about the website etc. Also we have waited over five hours for an ambulance arriving to take my wife to hospital and that was six hours earlier than we had been told the wait would be!!!”

“The greatest barrier has been the wait time to be seen by a professional when referred. It took about four months to have a first appointment with a neurologist.”

Individual needs not being met

Comments included:

“It has proved impossible to get my son the mental health support that he needs. The local autism service want this to be provided via the adult mental-health services. The first-level mental-health team can only offer group work, which he is unable to take part in, and willingly admit that they are not experienced in autism. The next tier do not see him as being severe enough to access them. Consequently he falls between all the services, remains on sertraline for anxiety (for over six years) with no input to help him to develop coping strategies.”

“Sadly, many healthcare professionals do not recognise or understand the nature of

‘invisible’ disabilities. Also, having a structural disability which affects my whole body adds complexity to our healthcare model which tends to focus on individual specialisms rather than a ‘whole body’ approach.”

“Elderly mother with Alzheimer’s in a different part of the country sent from care home to A and E. No chaperone to represent her in her confused state.”

Comparison of pharmacy with other healthcare services

Comparing positive experiences of pharmacy with those of other healthcare services

Participants generally reported a more positive experience of pharmacy meeting their needs compared with other healthcare services.

A greater number of participants reported they experienced efficient services in pharmacy compared with efficient services from other healthcare services.

More participants felt they received person-centred care in pharmacy compared with other healthcare services.

Also, more participants commented on expert knowledge and advice in pharmacy, than they did about other healthcare services.

Comparing experience of barriers to safe and effective care in pharmacy and other healthcare services

Participants were significantly more likely to experience no barriers to accessing pharmacy than with other healthcare services.

A significant number of participants reported poor or limited access to other healthcare services, while fewer mentioned this when talking about pharmacy.

The number of reports of not receiving person-centred care was similar between pharmacy and other healthcare services. Only a small proportion of respondents reported this.

Protected characteristics and long-term conditions

As shown by some of the examples above, respondents often referred to protected characteristics or long-term conditions in their responses. There were positive reports of people experiencing care that met their individual needs, such as being:

- offered advice in languages other than English
- given appointments that took into account people’s caring responsibilities, and
- supplied with medicines in a form that best met an individual’s needs

However, there were also comments about negative experiences, particularly in relation to a lack of understanding of invisible disabilities, long waiting lists, and difficulties in accessing services.

Annex 4: Survey questions

1. Can you share any examples of where a pharmacy has met your (or a family member's) individual needs and preferences?
2. Can you share any examples of where your (or a family member's) individual needs and preferences have been met when accessing other healthcare services, such as a GP or hospital?
3. Have you (or a family member) experienced any barriers to accessing safe and effective care when using pharmacies?
4. Have you (or a family member) experienced any barriers to accessing safe and effective care when using other healthcare services?
5. What more could pharmacies do to help improve your experience and meet your (or a family member's) individual needs?



General Pharmaceutical Council
25 Canada Square, London E14 5LQ
F 020 3713 8000
E info@pharmacyregulation.org

 [@TheGPHC](https://twitter.com/TheGPHC)
 [TheGPHC](https://www.facebook.com/TheGPHC)
 [/company/general-pharmaceutical-council](https://www.linkedin.com/company/general-pharmaceutical-council)
www.pharmacyregulation.org