

# The experiences of people accessing medication during Covid-19

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**healthwatch**  
Calderdale

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# Our work at a glance



**Healthwatch Calderdale and Healthwatch Kirklees worked together during 2020 to collect the health and care experiences of people living in Calderdale and Kirklees during the Covid-19 outbreak.**

**[Read about the project on our website.](#)**

**Comments relating to medications, specifically with regard to reviews, changes and reliance on others to obtain medication were raised by a significant number of people in this report and we felt that there was more to explore on this subject. This latest report is as a result of further feedback we have obtained relating to medications.**

We used a number of engagement tools to obtain the feedback in this report, including leaving surveys in pharmacies, an online survey, direct conversations with young people via Zoom and Snapchat, and speaking to those working in pharmacies.

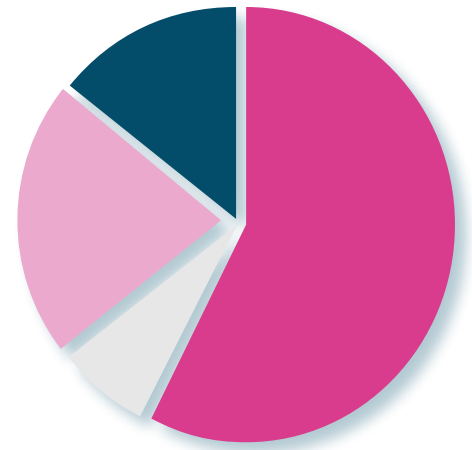
This report looks at people's experiences in 3 areas:

 <p>Changes to medication</p>	 <p>Medication reviews</p>	 <p>Having to rely on others to obtain medication</p>
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The overall feedback in all 3 areas reveals 4 main themes, they are:

<p><b>1.</b> <b>Continuity of care</b></p>	<p><b>2.</b> <b>Communication between health worker and patient</b></p>	<p><b>3.</b> <b>Cancellation/ delays</b></p>	<p><b>4.</b> <b>Support</b></p>
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# Changes to medication: key data



**45.8% of participants had experienced changes to their medication since March 2020, when the first Covid-19 lockdown began. The highest volume (30.6%) were changes made by a (General Practitioner) GP, followed by a pharmacy (22.2%).**

**Overall people felt generally dissatisfied about the changes to their medication (-0.84, on a scale of 2 to -2 with 2 being 'very satisfied' and -2 being 'very dissatisfied').**

**Communication was the key way in which people felt their experiences of medication changes could be improved. This was mentioned by 22.2% of respondents.**

- Communication 57%
- Technology 14%
- Access to a healthcare professional 21%
- Access to medication 7%

Figure 1: Patient suggestions as to how to improve the experience of changes to medications

Healthwatch Calderdale received 17 responses in relation to changes to medication.

## What worked well?

Positive comments related to the support received by others including pharmacies; all other feedback was negative about changes to medication.

## What did not work well?

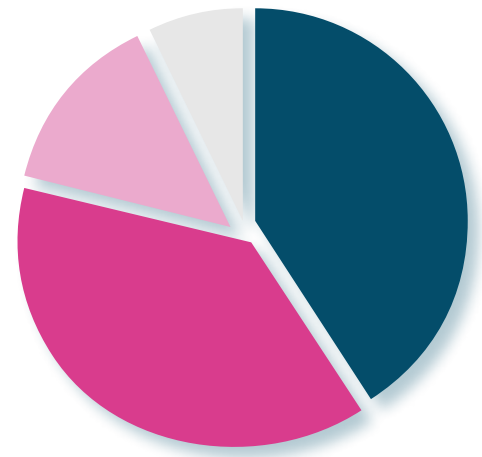
This included delays to obtaining routine prescriptions; difficulties accessing services to get usual medication; brand changes; medication being changed without consultation with the patient; or medication being renewed without checks such as blood pressure.

## What could have been better?

There were 13 unique responses to how changes to medication could be improved, with those 13 respondents making 18 suggestions as follows:

- Communication between health worker and patient (8);
- Appointment with health worker (5);
- Improved use of technology (3);
- Other (2: quicker deliveries; GP better link with pharmacy).

# Medication reviews: key data



**37.5% of people who answered this question had obtained a medication review. Most reviews (38.7%) related to experiences at GP surgeries.**

**All groups stated that they were dissatisfied with their medication reviews.**

**People told us that access to a medical professional (36.4%) and communication (30.6%) would have improved their experience of medication reviews.**

- Communication 38%
- Access to a healthcare professional 41%
- Technology 14%
- Other 7%

Figure 2: Patient suggestions as to how to improve the experience of medication reviews

Healthwatch Calderdale received 24 pieces of feedback about patients' medication reviews.

## What worked well?

One respondent said a telephone review worked well so they could avoid visiting their practice, but made an additional comment as part of the engagement asking how general medical observations could be done and what impact lack of such observations would have long-term.

Staff at a pharmacy were praised for supporting patients with information about their medication that they did not get initially from the GP at a medication review, including noting the side effects.

Another respondent said they had been supported by the local community pharmacy, which was accessible for longer hours in the day than the GP.

## What could have worked better?

There were 25 unique pieces of feedback mentioning the following themes:

- Appointment with health worker (13)\*;
- Communication between health worker and patient (9);
- Improved use of technology (4);
- Other (5: Pharmacy could do blood pressure on collection; communication between different health workers; Common sense; better system between different health services.)

\* The number in brackets indicates the number of times each theme was mentioned

# Comments

“I have not had any review or clinic appts for over a year. Diabetes, eye, foot clinics I have been told due to Covid-19.”  
- **Type 1 Diabetic**

“First time it was a bit confusing; I didn’t feel I could respond as I did due to not seeing who I was talking to. I felt it was impersonal. I felt uncomfortable about the experience.”  
- **Review was via telephone.**

“I am on a repeat prescription - no reviews.”

“In person review cancelled. No alternative offered until many months later”

“Hospital cancelled all appointments so had to go back to GP. GP not as well informed about my condition. Eventually got a telephone appointment with hospital but still had to wait for medication review.”

## Comments about specific services:

### Calderdale Royal Hospital (CRH)

“Meant to have review at CRH but that was cancelled. Nurse at GP surgery did it instead, attended surgery for blood pressure, weight monitoring, nurse not able to prescribe so her observations sent to CRH. Was then called by receptionist at GP & told prescription ready to collect. Confused who is leading my care now.”

### Laura Mitchell Health Centre & South West Yorkshire Partnership NHS Foundation Trust (Wakefield)

“No one in Laura Mitchell, GP & psychiatrist at Wakefield talked to each other. I was always calling to get things done.”

### Rosegarth GP

“Delay medicine & keep on previous tablets which I feel are not working. As it’s not urgent I have been delayed time and time. It takes a long time to phone & we [had] promise [of] call back but never comes.

I ask at centre for support and they cannot phone. I can use online but I want to see my doctor to ask [them] why.”



# Support of others to obtain medication

**We found a higher number of people have had to rely on others to order and deliver medication than pre-Covid, this includes people needing support of family, friends, pharmacies or a wider support network.**

## The feedback about the services provided by pharmacies was positive.

**General comments about the support people received from friends, family, community support networks and pharmacies is overwhelmingly positive.**

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### What worked well?

This section prompted the highest volume of praise for pharmacies with comments commending pharmacies for making home deliveries, offers advice and support.

“Arranged pharmacy delivery for first time, it has worked well & pharmacy service is very good.”

“I live with my grandma & she gets deliveries from our pharmacy. I think it’s good that they bring it to our house so she or we don’t have to go out. People in pharmacies are exposed to germs more if poorly people go, so I think it’s better we stay away.”

- Male, aged, 15

“Pharmacy offered home delivery, useful.”

“I am on regular medication for T1 diabetes and often go to my doctor for a review. I haven’t seen my doctor for over a year but I think my mum has spoken to them. We get regular deliveries of insulin and I can do it myself. They get delivered to our house and my mum checks everything is there. I think it’s good they deliver to us, it’s been like that for a while, before lockdown (prior to March 2020).”

- Male, aged, 14

“Our medication both mine and my husbands are on repeat prescriptions that are delivered weekly.”

“Pharmacy delivers medication. Very good.”

“Pharmacy (King Cross) delivered during lockdown. It was a good service. They gave time and informed us well.”



### What could have worked better?

There were 12 unique references as to what could have worked better regarding support from others to collect medication. These were as follows:

- Communication between health worker and patient: 3
- Use of technology to order: 2
- Pick delivery slots: 2
- Appointment with a health worker: 1
- Don't know: 1
- Other as follows: Pharmacy home deliveries 1; Interpreter 1; Family support 1.

# Comments

“Because I have been shielding for many months I have had to rely on family and the pharmacy to deliver my medication. Without them I don't know how I would have coped!”

“Customer has no IT facilities, doesn't speak English well. GP sent prescription to pharmacy as usual, when it wasn't collected we (pharmacy) informed GP. 1 week later still not collected so we arranged delivery to customer's home to see if they were okay. Customer had been told to shield & couldn't get through to GP/communicate. Was left without medication for blood disorder for 2 weeks. Pharmacy arranged suitable delivery slots with customer.”  
- Filled in by pharmacy staff with consent of patient

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**Survey responses have indicated that there are specific issues and barriers with regard to medications that are being faced by some groups that experience greater health inequalities or have protected characteristics. The responses from our engagement indicate that there are differences in the experience of certain ethnic groups, people with disabilities, carers and age. A small number of comments were made relating specifically to women.**

**In the following section, there is a summary of the specific concerns raised by respondents from these groups, and some details indicating where people from a particular group have had disproportionate experiences by comparison to others.**





## Race and Language

A number of comments reflect the specific experiences of people from certain ethnic groups.

Our data indicates:

- People from white ethnic groups were more dissatisfied with changes to medication than the general population.
- People who described themselves as belonging to white ethnic groups were the only ethnic group to cite use of technology as a way to mitigate their difficult experiences with regard to changes to medication.
- People who stated that they belonged to Asian ethnic groups stated that they were less able than the general population to access a medication review.
- People from Asian or mixed ethnic groups were more satisfied than the general population regarding their experience of medication reviews.



Figure 3: Satisfaction rating by ethnic group where +2 is very satisfied and -2 is very dissatisfied

## Age

As part of this project, we spoke directly to young people about their experiences of pharmacies. They told us that they felt interactions in public spaces between pharmacy staff and patients could be embarrassing and too revealing regarding health-related information:

“My mum takes something for her blood so we go a lot. It’s always weird people ask in a shop for medicine, it’s so un-personal [sic]; I always listen to what people are asking for & wonder what it is. Sometimes I Google it just to be nosy. People shouldn’t know what medicine other people take, it’s all very public isn’t it?”

- Female, aged 15

“I get contraception and it’s embarrassing going to collect it. That’s why young people don’t want to go there, it’s better from a clinic.” (She meant a specific sexual health service)

- Female, aged 16

Three other young people, who had no personal experiences of a pharmacy to share stated they all knew what a pharmacy was but they thought it was for “**people who are ill**”. When asked where they would buy paracetamol they said “**A shop or supermarket or ask (a parent)**”. None of them first thought about a pharmacy.

With regard to changes to medication, participants aged between 65 and 74 were more likely than the general survey population to use a pharmacy (33.3% compared to 22%).

They also cited improved communication as the only way in which they felt their experience of changes to medication could be improved. People in this age group also had the had the greatest number of hospital appointments for medication reviews and they were more willing to use technology for such consultations than the general population (33.3% compared to 11.1%).

Access to a health worker was most important (66.7%) for this group (compared to general survey population of 36.4%) with regard to medication reviews.

With regard to people aged 55 to 64, these people experienced more changes to medication compared to the general population (57.1% versus 45.8%). They were more likely than the general population to require mental health medication reviews (20% compared to 12.9%).

People aged 35 to 44 were more likely than the general population to have experienced changes to medication by their GP (44.4%) and while they had an above average interest in using technology to improve their experience (11% compared to 5%) they cited access to a healthcare worker as being the most important issue with 22.2% of respondents citing this as a way their experience could be improved compared to 8.2% in the general population.

Concerning relying on others to collect medication, the chart below indicates the reliance on others for support including carers, family and pharmacy deliveries to collect medication since March 2020. The percentage of people aged 45 to 54 who relied on others to collect medication was higher than in the other age groups.

Not all thought this was a negative change, with one saying “...shielding so was better and safer to have medication delivered.” As a result, satisfaction was above average, with pharmacies and support networks praised. There was only one respondent from Calderdale aged over 85. The main change for them was having to rely on others to obtain medication, which they did not have to do prior to March 2020.

They also cited the support of the community pharmacy which provided telephone consultations, along with family who assisted, as being invaluable.

## Gender

- People who stated they identified as female were more dissatisfied than the general population about the changes to their medication
- Females cited access to a health worker and improved communication as ways of improving their experiences of changes to medication.
- There was a difference in the extent to which people who identified as females and those who considered themselves males believed in technology (4.5% compared to 7.7%) as a way to improve their experience to changes to medication
- Those who identified as male had a more negative view of their experience of medication reviews than the general population.

## Carers

The carers we heard from in this piece of work were all adults. Carers were more likely to have changes to their medication than the general population. They were also less likely than the general population to have been informed they needed medication reviews. Carers were more dissatisfied with their experience of reviews than the general population. Unlike all other groups which suggested various ways to improve their experience of medication reviews, communication was the only way that carers felt the medication review process could be improved.

**22.2%** of respondents felt that improved communication would improve their experience of changes to medication.

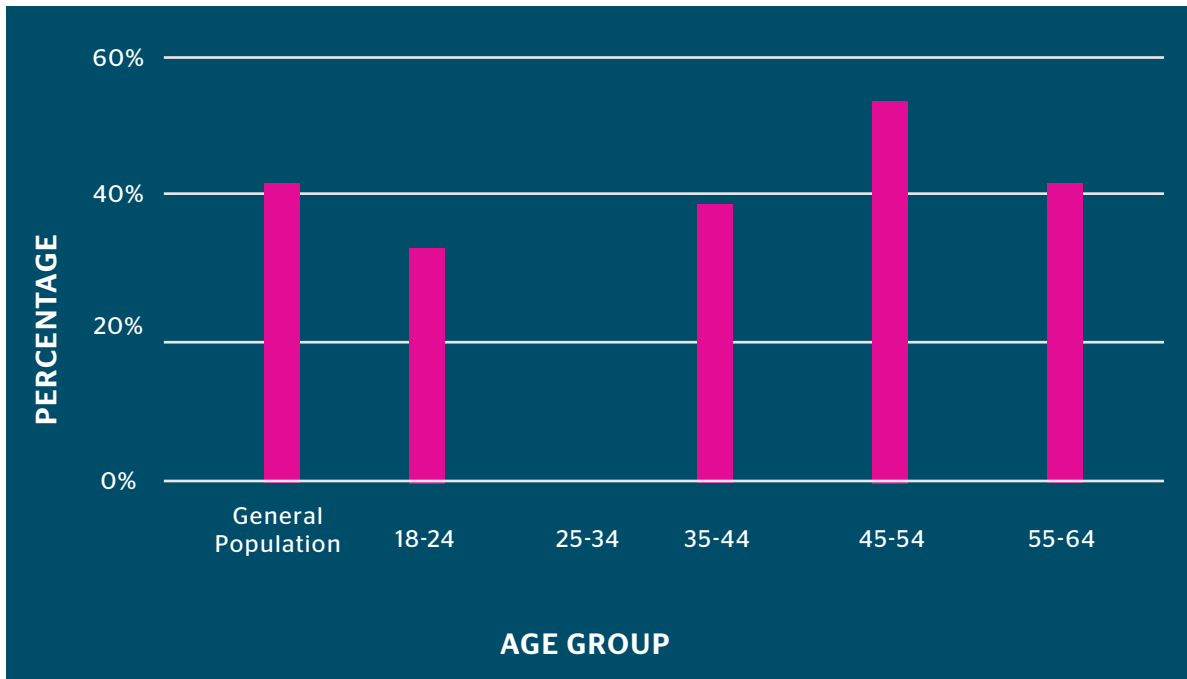


Figure 4: Reliance on others to collect medication since March 2020

### Disability

There were a number of specific comments related to disability. These were from people with a range of disabilities specifically, mental health conditions, autism, physical impairments and long-term conditions.

- People with disabilities were more dissatisfied with changes to medications than the general population:

“My GP changed my medication. Pain relief prescribed by a consultant was simply removed as the medication was, I think, expensive and considered ineffective. No discussion. Eye drops changed to cheaper version. Delivery method (bottle) different and harder to use... again no discussion before change took place.”

“Usual brand of tablets for mother’s arthritis swapped for different brand.”\*

“Steroid inhaler for my husband changed without explanation. Has to investigate to find there was a shortage so different one prescribed.”

\* For some people a switch to a different brand of medication may be problematic due for example to allergies to medication ingredients

- People with long term conditions and autism were more likely to have changes to their medication than the general population.
- People with autism (33.3%) and/or mental health conditions (30%) stated access to a healthcare professional was important for them to overcome negative experiences with regard to changes to medication. People with autism also stated that technology would have improved their experiences of changes to medications.

- People with physical disabilities and people who stated they had long-term conditions were less likely than the general population to have been informed they needed medication reviews.
- People with autism and those with hearing impairments had a greater negative view of their experience of medication reviews.
- Those with long-term conditions had a greater preference than the general population for access to a health professional (62.5% as opposed to 36.4%) and for communication as a way to improve their experience of medication reviews. They also specifically felt that technology would improve their experience (30% compared to 11% in the general population) as did people with physical disabilities (11%).
- People with long-term conditions, physical disabilities and autism told us they relied on the support of others to order medication. With the exception of those with physical disabilities all these groups were less satisfied than the general population with regard to relying on others for matters relating to their medication:

“I am shielding and so have had to rely on my partner to collect medication or the pharmacy to deliver it. This is made more difficult as I cannot order all medication at once - all the medications are on different reorder rotations as the GP only gives a month's supply at once. This means multiple trips to the chemist to collect for my partner or multiple deliveries from the chemist. Also one medication was out of stock with the supplier - it was a crucial medication to me and there was no alternative. Initially my partner and I spent time calling local pharmacies to find out whether or not they had stock of the medication. We could not find enough stock. We did find some stock but out of area.”



# Feedback obtained during targeted engagement sessions



## Healthwatch Calderdale April 2021. Views of a pharmacist who shared their views of how pharmacies responded to the Covid-19 outbreak:

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Initially it was confusing, a lot more people came into the pharmacy to buy general medicines for headaches, coughs, colds etc. just to stock up. That meant some **initial stock shortages**.

We could link purchases to **what was in the news** i.e. about Ibuprofen there was confusion early on that it was bad for Covid-19, so people wouldn't take it for other stuff; then people recently bought Vitamin D when newspapers said that was useful for preventing/limiting Covid-19.

A lot of our customers are British Pakistani, they were **not getting local messages from the NHS**. They thought GPs were closed so we got more enquiries. We weren't allowed to carry out usual health checks, but it would have been better to test their blood pressure as we knew some hadn't had their usual check-ups.

**The biggest impact on us was deliveries to customers;** many of the people we see most have various health concerns, they are on various medications; they have poorer health so had to shield. We had to deliver more, than meant getting stock in at right times ready for delivery so we didn't have to make multiple deliveries. Also joining up with GPs, that has worked okay, but everything slowed down a little and I feel hasn't fully got back to speed.

I feel **customers appreciate us more**, use us more for general advice as they saw we were open. I feel glad to have been able to help some of them without them needing to book a doctor appointment. Makes me feel **we can do more in the future**.



# Conclusion and recommendations

## Patients felt well supported by pharmacies during the pandemic

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### Support given and received was welcomed:

Staff working in pharmacies should feel proud of the universal praise they have received from respondents to our survey.

Patients said they felt well supported by pharmacies, not only when they visited in person but also for delivering medication to those shielding or unable to get out; and for the information staff offered to patients.

Having to rely on others for support was not seen negatively, with people appreciating the efforts of family, friends and the community support networks who stepped in to help those most in need of accessing medication, therefore there is a high level of satisfaction for those needing support of others. It has, however, led to an increase in reliance on others for some patients who were previously independent.

### Areas to note and for improvement:

#### ▪ Feedback from males

Our feedback demonstrates that those who identified as male feel less confident managing their own health needs compared to females. They had an above average negative experience of medication reviews, which they felt could be resolved by greater access to a health worker and access to the medication they needed.

#### ▪ Communication

In all areas better communication would have improved the experience of patients. Often asking people 'do you have any questions?' will invite patients to ask or say something if they feel uncertain.

#### ▪ Technology

People with white ethnicity and younger people are willing to embrace technology in their health care, with telephone and video appointments welcome. Those aged 65-74 were more willing to use technology for such consultations than the general population. Asian people had greater dissatisfaction for technology in healthcare and believe they need access to a healthcare worker.

Our recommendation would be to offer appointments via telephone/video to those most willing and able, but accept that some members of the community need face to face access, largely those of Asian ethnicity.

▪ **Access**

Those with long term conditions, autism and mental health conditions, had a greater reliance on others and felt they needed access to a health worker to support their needs most. Patients with autism and/or mental health needs may experience difficulties with communication.

For those requiring continuity of care, greater access to a health worker is needed. Those with multiple and/or long-term conditions may need face to face access rather than access via a telephone or video.

As continuity of care was the main concern for many in both the changes to medication and medication review section, all respondents felt that having access to a health worker and/or greater communication about changes would have improved their user experience.

The barriers that exist relate to having access to a health worker and communication, so the experience of a review or changes to medication, whether it is in person, via telephone/video or simply an automatic review without communication between health worker and patient needs reconsideration.

Patients with autism/mental health needs felt they had to make multiple calls to get the information, medication or access to a health worker they felt they needed.

▪ **Digital access**

Not all patients have access to suitable technology for video appointments, nor have the confidence to use it and have the same experiences they would in a face to face appointment.



## **Managing health and wellbeing**

**We asked respondents how they rate their confidence in managing their own health and wellbeing.**

**With 1 being low and 5 being high we received 28 responses.**

**Females were able to rate their confidence in managing their health needs higher than males.**

**On a scale of 1-5 (1 being lowest) more males selected 2; while more women selected 3.**



## Recommendations:

- 1.** Provide clear, easy to follow instructions online for patients to be involved in their own repeat prescriptions,
- 2.** Take steps to reduce the health inequalities detailed in this report with regard to medication for those with protected characteristics.
- 3.** Provide a repeat prescription service via telephone and in person for those without suitable IT.
- 4.** Offer a choice of different channels for appointments (e.g. online, in person or via the telephone) irrespective of how they are booked.
- 5.** Support pharmacies to deliver checks for patients who are not able to obtain as part of medication reviews (i.e. blood pressure checks).
- 6.** Promote pharmacies offering services to the general public.
- 7.** Improve communication with regard to medication changes and reviews.



# Thank you

If you have any enquiries about this report or would like to discuss it's content further please contact us.

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