

Patient Experience of the Outpatient Dispensing Process

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Executive Summary

This patient story focuses on the experience of one of our patients visiting the outpatient dispensary managed by Lloyds pharmacy at Leicester Royal Infirmary. The patient seeks to highlight areas of concern in relation to patient privacy, particularly the environment and the extent to which conversations between healthcare staff and patients can be overheard. Additionally, the patient raises concerns about the information requested by pharmacy staff, and questions whether all information requested is required for safe care delivery.

Patient Experience

This patient story will be shared via a video link. The main points raised are:

- Proximity of waiting patients to the pharmacy counter, leading to a lack of privacy for patients talking to healthcare staff
- Lack of a private area to talk to patients e.g. counselling room
- Counter staff asking patients for additional information about other medicines they are taking that is not seen as relevant or appropriate
- Patients counselled on their medicines in an area where potentially sensitive information can be overheard, and without ascertaining or respecting the patients' wishes

Response to Patient Feedback

The issues raised in this video have been shared with both Lloyds and UHL staff and a number of actions taken to address the key concerns.

In particular:

- Planned work to improve the Lloyds pharmacy facility has been completed. This includes extension to the portacabin to create a patient waiting area away from the pharmacy counter and removal of the seats immediately opposite the counter. These measures reduce the potential for waiting patients to overhear conversations with healthcare staff
- Introduction of patient-held 'buzzers' to alert patients when their prescription is ready. These were introduced following the extension to the portacabin as it was observed that patients were waiting close to the counter due to fear of missing their name being called when the prescription was ready
- Lloyds dispensing time has reduced and is now consistently within agreed targets. This has reduced the number of patients waiting for prescriptions at any one time
- We have agreed with Lloyds that counter staff will only ask patients if they are on any medicines, not what medicines they are on. If patients are on other medicines this will be communicated to the pharmacist who will only ask for additional information if this is essential to ensuring the prescription is safe and appropriate

- All patients are now offered counselling about their medicines when they are given to them, but will only receive counselling with their consent. If patients do accept the offer of counselling the member of staff will first confirm that they are happy to discuss this at the counter. If not, alternative arrangements will be made, noting however we have not been able to provide a counselling room within the space available in the portacabin
- Arrangements have been made to ensure the learning from this complaint is also extrapolated to the other two UHL Lloyds pharmacies and to our internal departments. In particular, the agreements in relation to questions asked on receiving prescriptions and in seeking verbal consent prior to counselling on medicines have been extended to all areas
- Embedding the change in terms of ensuring questions about regular medicines are only asked if there is clinical justification has proved challenging. Asking about regular medicines has been 'custom and practice' for many staff, and was written into standard operating procedures for the outpatient pharmacies. We continue to work with Lloyds to ensure this is fully implemented.

Conclusion

We are extremely grateful to this patient for raising important issues about how we respect patients' privacy and dignity within our outpatient dispensaries. This has allowed us to consider both the physical environment and the way we treat patients with fresh eyes, and as such is invaluable.

The steps we have taken have led to an improved patient experience but we have not been able to fully address all issues. In particular, we have taken steps to improve privacy but in the current location have been unable to provide a private counselling room. Work to ensure agreed changes to practice for staff are fully embedded is ongoing, and we continue to monitor this through spot checks.

Input Sought

The Trust Board is asked to:

- Receive and listen to the patient's story
- Support the improvements instigated in response to this feedback and advise on any further action.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

| | |
|---|----------------|
| Safe, high quality, patient centred healthcare | Yes |
| Effective, integrated emergency care | Yes |
| Consistently meeting national access standards | Not applicable |
| Integrated care in partnership with others | Yes |
| Enhanced delivery in research, innovation & ed' | Not applicable |
| A caring, professional, engaged workforce | Yes |
| Clinically sustainable services with excellent facilities | Yes |
| Financially sustainable NHS organisation | Not applicable |
| Enabled by excellent IM&T | Not applicable |

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register No

If YES please give details of risk ID, risk title and current / target risk ratings.

| Datix Risk ID | Operational Risk Title(s) – add new line for each operational risk | Current Rating | Target Rating | CMG |
|---------------|--|----------------|---------------|-----|
| XXXX | N/A | | | XX |

If NO, why not? Monthly Trust Board item

b. Board Assurance Framework No

If YES please give details of risk No., risk title and current / target risk ratings.

| Principal Risk | Principal Risk Title | Current Rating | Target Rating |
|----------------|----------------------|----------------|---------------|
| No. | N/A | | |

3. Related **Patient and Public Involvement** actions taken, or to be taken:

The Patient Story consists of feedback from a patient directly about their experience of care. In response to this feedback the trust identifies how best practice will be disseminated across the organisation. In this case learning has been shared across all Lloyds and UHL pharmacies

4. Results of any **Equality Impact Assessment**, relating to this matter:

5. Scheduled date for the **next paper** on this topic: Not scheduled

6. Executive Summaries should not exceed **1 page**. My paper does not comply

7. Papers should not exceed **7 pages**. My paper does comply