



## **The General Pharmaceutical Council Event Monday 21<sup>st</sup> February The Gateway, Warrington**

The General Pharmaceutical Council has a remit of monitoring every pharmacist, the council was formed by the government to set standards for training, look in to serious complaints against a pharmacist and their fitness to practice.

The GMC, working with the Warrington LINK, wanted to hear the views of Methadone service users as to how pharmacists should be trained and educated. The discussions also focused on their experiences of Warrington Pharmacies and staff. 10 service users attended.

Discussion points relating to experiences of Pharmacies

- Eric Moore – staff are good and helpful
- Other staff in the pharmacy need the training – the Pharmacists are usually ok
- Staff need to have more understanding and empathy
- Feel embarrassed about going in the consultation room – everyone knows why you are going in there – usually try and make an excuse when coming out like “let me know when you get the stronger nicorette patches”
- Can be made to wait till last to be seen just because your on methadone
- Staff don’t understand and see us as aliens
- Some shops make you stand in the corner when waiting to be seen, and told not to walk round the shop, because they see all methadone users as being shoplifters
- We are going to get annoyed if being made to wait longer and being put at the back of queue especially when people who came in after you are being seen first
- Undergraduates don’t have contact with methadone users and don’t know how to treat us
- If we don’t show up for 3 days pharmacist reports you to your key worker
- Got to tell the pharmacist 2 months in advance if you are going on holiday
- Some people have had their scripts taken off them because they haven’t given enough notice before going on holiday
- There is difference in times between different Pharmacies when Methadone can be collected
- Concerns were raised that no one at the workshop was told about the side effects of taking Methadone e.g. potential tooth lost and osteoporosis.



## **The group was then asked to discuss the Education Standards for Pharmacists.**

### **Standard 1 – Patient and Public Safety.**

*“There must be clear procedures to address concerns about patient safety arising from initial pharmacy education and training. Concerns must be addressed immediately.”*

- Pharmacists students in their last year should have placements in rehab centres and go and meet service users and groups
- Students should go on 6 month placements with key workers
- Pharmacists need to understand when we show up in the morning that we are feeling ill and need the methadone there and then instead of being made to wait
- Pharmacists shouldn't be allowed access to medical records but be made to link more closely with the key workers
- Need to be better links with drug teams
- Methadone users should be brought into universities to say what it's like... we are the ones with the real life experience
- Done it got the t shirt we have the knowledge, didn't know what it would do to me before I took it wasn't given any information about, may of thought twice about it if had known
- Service users need to be made aware of the risks / dangers of methadone – never been given any information
- Both the service users and the Pharmacists would gain from the experience of working together
- There would be no risk to patient safety
- If working with service users was introduced in the first year this knowledge would build up throughout the training.

### **Standard 2 – Monitoring, Review and Evaluation of Initial Education and Training.**

*“The quality of pharmacy education and training must be monitored, reviewed and evaluated in a systematic and developmental way.”*

- Pharmacists personal development should be reviewed 2 – 3 years 5 years is too long
- Pharmacists should be told to do certain development training
- Pharmacists need to be up to date with the drugs on “the street”
- Need to have a free phone number to make a complaint against them



### Standard 3 – Equality, Diversity and Opportunity

*“Initial pharmacy education and training must be based on principles of equality, diversity and fairness. It must meet the requirements of all relevant legislation.”*

- We get treated unfairly “get chucked out of the pharmacy if we complain”
- The pharmacists are ok it’s the other staff that don’t understand us
- Don’t like the fact that if the pharmacist is late they wont open the pharmacy on time and make you stand on the street, when people will know what you are there for
- Why cant the pharmacy technician or someone give us the methadone in the morning if it has been made up and signed off the night before by the pharmacist instead of making us wait around
- Pharmacists need to use their professional discretion more often
- Some people take the mick then we are all seen to be the same and treated badly
- They need to have more interaction at a early stage with service users and service user reps
- Need to know the real reasons why people take methadone and speak to real people instead of reading it out of a book
- Why are we treated differently? Why are we made to wait?
- Should be made to take methadone in the consultancy room when under supervision, but when not should be able to take it away with you – more dignified
- Some pharmacists make you take the methadone in front of everyone in the shop not even given the option of going in the consultancy room. This can be embarrassing and may break patient confidentiality
- Its not fair on other people who are in the pharmacy to see someone take methadone in front of them
- Younger / new methadone users would be embarrassed about taking methadone in front of everyone in a pharmacy
- What if your neighbour was in the pharmacy to and saw you being given methadone?
- Pharmacists are paid extra money to offer the supervised service for Methadone users, this full service is not offered in some of these Pharmacies
- Happy for whoever to give us the methadone as long as I get it
- Methadone / drug users still have the right to be treated with dignity and respect
- Because we are addicted to methadone it doesn’t mean that we are “going to go out and score other drugs”



## **Standard 4 – Selection of Students and Trainees**

*“Selection processes must be open, fair and comply with relevant legislation. Processes must ensure students and trainees at the point of selection. Selection includes recruitments and admissions.”*

- If a student Pharmacist has a criminal record, the general feeling was it would depend on the crime if this stopped them from being a Pharmacist.
- However the overall feeling was that if the crime was drug or alcohol related this should stop a person being a Pharmacist. The main concerns were around temptation and being open to blackmail.

## **Standard 5 – Curriculum Delivery and the Student Experience**

*“The curriculum for the Master of Pharmacy degrees and the pre-registration scheme must deliver the outcomes in Standard 10. Most importantly, curricula must ensure students and trainees practice safely and effectively.”*

- It is a good idea for student Pharmacists to interact with the public.
- Small focus groups could be arranged with Methadone users so the Pharmacists gain knowledge about what they are going through. How being treated differently can affect them.
- It can be a 2 way process, service users can learn from the Pharmacists too.
- Prejudices and stigma need to be changed and if Pharmacists work with service users as part of the degree this can be done
- Some Pharmacists are good it depends on personalities

## **Standards 6 and 7– Support and Development for Students, Trainees, Tutors and Academic Staff**

6. *“Students and trainees must be supported to develop as learners and professionals during their initial training and education.”*

7. *“Anyone delivering initial education and training should be supported to develop in their own roles.”*

- The service users had experience of their care being compromised because of lack of joined up care.
- On several occasions prescriptions haven't been sent to the Pharmacy so the Methadone has not been given. This has happened on a Friday so people haven't had their Methadone over a weekend.
- If there was more joined up working this would not happen. Why don't the Pharmacists ring the GP if the prescription hasn't arrived on time?
- There is no contingency plan if this happens. The Pharmacists should be able to use their discretion.
- There needs to be a national drugs framework. With strict specific standards that everyone works towards.



- Pharmacists should also have more contact with GPs in their training.

#### Other issues

- We should be told whether the methadone has been made up in house or bought in
- If there is a change to the Methadone the person should be told
- If buying it should be made by one company then its always the same
- Pharmacist has given me methadone which was meant for someone else before
- Pharmacist has given me double the scribed amount before
- Not usually asked whether want sugar free / colourless methadone just given what's there
- If have asked it is usually given

#### **The main areas of concerns relating to Warrington Pharmacies are:**

##### **Attitude of staff**

- Can be made to wait till last to be seen just because your on methadone
- Staff don't understand and see us as aliens
- Some shops make you stand in the corner when waiting to be seen, and told not to walk round the shop, because they see all methadone users as being shoplifters
- We are going to get annoyed if being made to wait longer and being put at the back of queue especially when people who came in after you are being seen first
- Pharmacists need to understand when we show up in the morning that we are feeling ill and need the methadone there and then instead of being made to wait
- Why are we treated differently? Why are we made to wait?

##### **Availability**

- There is difference in times between different Pharmacies when Methadone can be collected
- Don't like the fact that if the pharmacist is late they wont open the pharmacy on time and make you stand on the street, when people will know what you are there for
- Why can't the pharmacy technician or someone give us the methadone in the morning if it has been made up and signed off the night before by the pharmacist instead of making us wait around
- On several occasions prescriptions haven't been sent to the Pharmacy so the Methadone has not been given. This has happened on a Friday so people haven't had their Methadone over a weekend.
- If there was more joined up working this would not happen. Why don't the Pharmacists ring the GP if the prescription hasn't arrived on time?
- There is no contingency plan if this happens. The Pharmacists should be able to use their discretion.



## Taking the Methadone

- Should be made to take methadone in the consultancy room when under supervision, but when not should be able to take it away with you – more dignified
- Some pharmacists make you take the methadone in front of everyone in the shop not even given the option of going in the consultancy room. This can be embarrassing and may break patient confidentiality
- It's not fair on other people who are in the pharmacy to see someone take methadone in front of them
- Younger / new methadone users would be embarrassed about taking methadone in front of everyone in a pharmacy
- What if your neighbour was in the pharmacy to and saw you being given methadone?
- Pharmacists are paid extra money to offer the supervised service for Methadone users, this full service is not offered in some of these Pharmacies

Concerns were also raised that no one at the workshop was told about the side effects of taking Methadone e.g. potential tooth lost and osteoporosis.