



A test of your own medicine

As pharmacists are given greater responsibilities, Which? goes undercover to investigate how we are being treated by our local chemists

Which? has found unsuitable and potentially dangerous advice being given by poorly trained pharmacy staff. Although there have been some improvements in pharmacies in the four years since our last test, pharmacists now have more responsibilities than ever. Can they afford these slip-ups?

Our investigation

We sent our undercover investigators to 101 pharmacies across the UK (see 'Our

Investigators received unsatisfactory advice in 48% of independent pharmacies

OUR RESEARCH

In May, 13 investigators made 101 visits to different UK pharmacies and acted out three different scenarios – one in each pharmacy. They visited big pharmacists (Lloyds, Boots, Alliance and Moss – these last three are now part of Alliance-Boots, but we refer to them by their high-street name), supermarkets, national and regional chains, and independents. A panel of three experienced pharmacists gave their verdicts on the advice given. We also carried out a survey of Which? online panel members about their current and future use of pharmacies and medicine use reviews.

In June, a researcher bought medication from four Royal Pharmaceutical Society of Great Britain (RPSGB) accredited online pharmacies. Prices quoted were paid by our researcher at the time.

research', below, for more). Since our last test in 2004, some aspects, such as offering a private area for discussing sensitive issues, have changed for the better; but a third of our investigators got unsatisfactory advice or questioning on their visit.

Overall, investigators received unsatisfactory advice in 48% of independent pharmacies, 38% of national and regional chains and 26% of the biggest players and supermarkets (see 'Pharmacies compared', opposite).

This unsatisfactory advice could have led to customers being given unsuitable medicine for migraines; missing a serious infection which was causing traveller's diarrhoea; or avoidably suffering a sexually transmitted disease (see the three scenarios on p15).

Around half of you told us that you already use your pharmacy for advice on common illnesses and your medicines, so it's important that you can trust what you're told. For more information on how to get the best out of your pharmacist, see 'Checklist', p14.

Greater role

Pharmacists now have a much wider role than the traditional dispenser of medicines. Many are taking on roles more commonly associated with a GP – giving advice on minor ailments such as hayfever, prescribing medicines, and checking for health problems and conditions such as diabetes (see 'A very lucky visit', p14).

You've also told us that, in the future, more of you would consider getting tests and advice at the pharmacy. Currently, only 6% of members surveyed get tested for long-term conditions, but 43% would consider it looking ahead.

Staff training

All of these new services in our pharmacies may mean that the pharmacist is often away from the counter. There are UK-wide plans to allow pharmacists to leave the shop for up to two hours at a time, with their staff in charge. But we question whether these changes are sensible, given that our investigators were four times more likely to get unsatisfactory advice from sales assistants, and one technician (a more senior member of staff), for a relatively common condition – traveller's diarrhoea.

Sales assistants have to be trained to give advice or sell medicines, but our three experts (see 'Our research', left) were worried about the advice received.

'Some counter assistants aren't listening or don't understand what the customer is telling them,' said one expert. 'Although some showed how it could be done well, others appeared to have had inadequate training.'

But we were pleased that all but one of the requests for emergency contraception involved a pharmacist, and even the one that didn't was assessed by our experts as 'very competently handled'.

Health promotion

The NHS across the UK is keen for pharmacies to offer people more support and services for staying healthy and preventing illness, such as stopping smoking and advising on good sexual health.

When our investigators said they had had unprotected sex, it provided an ideal chance for the pharmacist to discuss the risks of getting a sexually transmitted disease or the need for long-term contraception. But they gave this advice on less than one in five occasions.

New medicines

Our experts also questioned whether pharmacies were doing their job properly when selling potentially dangerous medicines that used to be for GP-only prescription. Our scenario used Imigran Recovery for migraines to test this.

For this type of medicine, pharmacists must ensure vital set questions are asked, and oversee the sale. But we found that in 40% of visits, a sales assistant did not alert the pharmacist. And one in five sales assistants who sold the medicine did not ask our investigators a single question (see the three scenarios, p15).

Just under one in five pharmacists refused to sell it to our investigators – who had been briefed by our experts as ‘ideal candidates’ – saying that they had to see their GP for a migraine diagnosis. This has not been the case since 2006. One expert said: ‘This is safe but it’s avoiding responsibility.’

Which? says

Although the situation has improved since 2004, we are concerned that one in three visits elicited an unsatisfactory outcome – especially given the proposals to extend the remit of pharmacies.

We encourage the pharmaceutical societies for Great Britain and Northern Ireland to ensure that all pharmacists comply with mandatory duties.

Having met with both societies, we are pleased that they have pledged commitment to support the profession in making improvements. The RPSGB has developed similar mystery shopping and training methods as a result of our 2004 research, and we look forward to this being rolled out nationwide and meaningful action being taken against those who fail to deliver.

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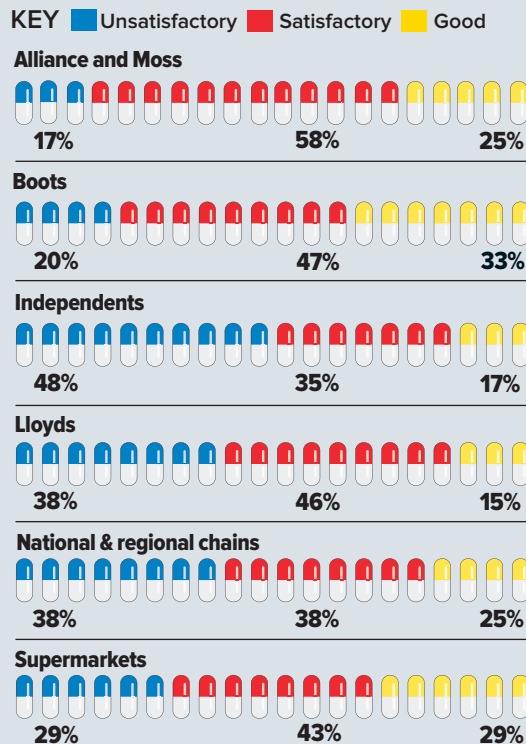
PHARMACIES COMPARED

How the stores measure up in our investigators' visits

The figure, right, shows the percentage of visits that our experts rated good, satisfactory and unsatisfactory.

Advice given by independent pharmacies is worse than in other types. Our investigators found that advice was unsatisfactory in just less than half of visits to independent pharmacies.

The big chains Alliance and Moss and Boots came out better, with unsatisfactory advice given in only 17% and 20% of visits respectively.



MEDICINE USE REVIEWS

Everything you need to know about this new pharmacy service

Q What's a medicine use review (MUR)?

A Available in most pharmacies in England and Wales, it's a free appointment with a pharmacist focusing on how you use your medicines. You can check you're taking them correctly, ask about problems and make sure they're still right for you. It should take place in a private room. You will receive an action plan to record what was discussed.

Q Who can have an MUR?

A Your pharmacist might invite you for one, or you can request one at your pharmacy if you've been getting your prescriptions there for three months or



more. You must be regularly taking more than one prescription medicine and/or taking medicines for a long-term illness (such as asthma). Check with your local pharmacy to see whether it offers them.

Q Do people find them useful?

A We found 60% of members surveyed who've had an MUR were satisfied with it. And a quarter

are doing something differently as a result.

But there's room for improvement, as nearly three in 10 were neither satisfied nor dissatisfied and 6% were dissatisfied.

Some members found their MUR reassuring, but others said they

duplicated reviews or information from their GP or hospital.

Which? member Heather Erridge told us: 'I didn't need it and said so, but was told I had to have one.'

A few members were unhappy the review took place in public. 'The pharmacist made me run through all my medications while other shoppers turned to stare,' said Which? member Christine Crawshaw.

INTERNET PHARMACIES

Is it really cheaper to buy medicines online and is it safe?

It is estimated that a third of all medication bought online is counterfeit. For this reason, the Royal Pharmaceutical Society has accredited bona fide internet pharmacies and given them a logo to display (see right). To find out how well online pharmacies worked, we visited four – Asset Chemist, Chemist Direct, PCP Direct and Pharmacy 2 U. We tried to buy Imigran Recovery (see 'Our scenarios', opposite, for more on this medicine). We also tried to buy 160 Solpadeine Plus painkillers – selling more than 100 without a doctor's prescription is illegal.



PCP Direct and Asset Chemist asked questions about our health but did not ask us questions to determine whether we had migraines. Although this is not unsafe, it could mean us buying unsuitable medication and possibly missing diagnosis of a more serious condition.

Solpadeine Plus

We were shocked that Asset Chemist sold us an illegal 160 paracetamol-based painkillers, and will co-operate with a Royal Pharmaceutical Society investigation. The other pharmacies sold us between 32 and 64 tablets.



Imigran Recovery

For Imigran Recovery, we should have been asked questions about our general health and to check we had migraines.

Chemist Direct and

Pharmacy 2 U questioned us satisfactorily, but Chemist Direct then phoned and told us that a pharmacist cannot sell the medication without a doctor first diagnosing migraine – this is wrong.



If you are buying online, consider the following:

- Use a UK website that is registered with the Royal Pharmaceutical Society (RPS) and displays the logo online (logo pictured above). The logo clicks through to the RPS's website, so you can check it's legitimate.
- Check that there is a 'bricks and mortar' pharmacy behind the website in case of problems.
- Avoid websites that offer to sell prescription-only medicines without a prescription.
- Make sure you're asked questions before buying medicines online.
- Don't be tempted to buy large amounts of medication without considering expiry dates.



A VERY LUCKY VISIT

Carole Shepherdson 29, *Which?* researcher

Carole's local Lloyds pharmacy picked up on her high blood-sugar level which led to her being diagnosed as an insulin-dependent diabetic.

'I'd lost a lot of weight so went to the GP, but they said it would take four weeks to get tests done,' Carole told us. 'My mum heard about Lloyds

doing blood tests, so I went along.'

She was seen in a private area and because her blood sugar was so high, the pharmacist insisted she told her GP immediately. 'If it hadn't been for the pharmacy, I may have ended up in hospital,' she said.

Checklist

Getting the best from your pharmacy

■ **Privacy** Make it clear you want to speak to a pharmacist in private about sensitive matters. Ask if the pharmacy has a consulting room, and insist that your privacy is respected.

■ **Pharmacist only** If you need medical advice, don't settle for an assistant – ask for the pharmacist.

■ **What's on offer** Ask if your local pharmacy's services include: a prescription collection and delivery service; cardiovascular tests: eg blood pressure, diabetes, cholesterol; a stop smoking or weight management service; a minor ailments service such as advice on skin and minor stomach

problems; disposal of unwanted medicines; and medicines use reviews (see 'MUR' box, p13)

■ **Saving money**

Check whether there are cheaper alternatives to 'branded' medicines. For instance, loperamide (the name of the 'generic' or active ingredient for treating diarrhoea) may be half the price of Imodium (see 'Cabinet reshuffle', p22 for more). Medicine might be cheaper on prescription than bought over the counter, or vice versa. And a prepayment certificate could help cut costs for ongoing medication (see 'Food & health focus', *Which?*, April 2008, p28, for more).

Emergency contraception

How good are pharmacists at respecting privacy in difficult situations?

What should happen

Investigators asked to 'have a quiet word' with the pharmacist. They said that they'd had unprotected sex the night before and wanted the emergency contraceptive pill. In some areas, it is offered free. However our investigators offered to pay for it.

The pharmacist should have taken the investigator to a consulting room to talk in private, and should have asked questions to ensure that the emergency

contraception pill was suitable. Ideally, they should have also given information about long-term contraception and sexually transmitted infections (STIs).

What we found

The results of our visit were:

Good 6

Satisfactory 21

Unsatisfactory 7

Our investigators were taken to a consulting room or quieter area on all but four occasions: at two branches of national and regional chains,

Sainsbury's and Boots, they were questioned at the counter – two of these within earshot of other customers.

In four cases, not enough questions were asked to check that emergency contraception was safe and suitable.

However, on a positive note, one investigator praised a Moss pharmacy's sensitivity: 'The assistant took me to a private room and even put the box in two bags so no one could see what I'd bought.'



Imigran Recovery

Are pharmacists asking the right questions about the migraine drug?

What should happen

Our investigators asked to buy Imigran Recovery, a medication to relieve migraines. If asked, they said they had not taken it before. Our investigators presented themselves as ideal candidates for the tablets. Pharmacists must only sell this potentially dangerous drug if they ask questions set by the Medicines and Healthcare Products Regulatory Agency, the organisation which licenses

drugs, to check the customer has a migraine and medication is suitable for them. Assistants should ensure the pharmacist is involved unless they have been adequately trained.

What we found

The results of our visits were:

Good 12

Satisfactory 10

Unsatisfactory 13

All but two of the unsatisfactory visits were conducted by a sales

assistant who did not involve the pharmacist. Six assistants didn't ask a single question. Our experts criticised one branch of Boots, where a sales assistant asked the investigator if she had taken the drug before and, when told no, sold it to her anyway, with the pharmacist looking on. However, they did commend the pharmacists who achieved a good rating, saying: 'Some were excellent, using the standard questionnaire well.'



Traveller's diarrhoea

Our investigators said they had diarrhoea and asked for something to treat it

What should happen

We wanted to find out whether pharmacies give correct advice. They should have asked about symptoms and whether the investigator had seen a GP. The pharmacists should have found out that our investigator had had diarrhoea for two weeks, since returning from Malaysia.

The pharmacist could have sold oral rehydration salts or possibly anti-diarrhoeal

medication in the short-term. But they should have referred them to their GP.

What we found

The results of our visits were:

Good 6

Satisfactory 12

Unsatisfactory 14

In 12 of the unsatisfactory visits, the sales assistant gave advice without consulting the pharmacist – they didn't ask the

right questions and 10 didn't advise them to see the GP. This could have led to delays in treating a serious infection.

One technician told our investigator that she may have irritable bowel syndrome; even after our investigator told her she'd been abroad. Our experts were astounded that the technician made the diagnosis without consulting the pharmacist.

