



Understanding pharmaceutical access and experience in Greenwich: Insights from inclusion health groups

Report by Healthy Dialogues
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Executive Summary

Healthy Dialogues conducted targeted qualitative engagement (January to March 2026) alongside the Greenwich Pharmaceutical Needs Assessment to understand how inclusion health groups access and experience pharmacy services. Using the Accessible, Relevant, Trusted (ART) framework, six focus groups were held with 40 participants from three priority groups: people experiencing homelessness or substance misuse, sanctuary seekers and people with learning disabilities and their carers. The work explored barriers, lived experience and opportunities to improve pharmacy provision.

Key Insights

Accessibility

Pharmacies were physically and geographically accessible for most, but system-level barriers such as prescription delays, unclear processes, and repeated trips created stress. People with learning disabilities faced additional barriers including limited easy-read information and staff assumptions about carer involvement. Sanctuary seekers valued walk-in access but were affected by inconsistent communication across services.

Relevance

Awareness of the wider pharmacy offer (e.g., NHS Health Checks, Pharmacy First, Medication Care and Reviews) was low. Many participants primarily viewed pharmacies as places to collect medication. Administrative requirements sometimes felt confusing or burdensome.

Trust and Relationships

Trust was strongest where long-term, consistent relationships existed, particularly in smaller community pharmacies. Participants valued being known personally and treated with respect. Medication errors, unexplained changes, and rushed interactions reduced trust, especially among sanctuary seekers managing complex regimes.

Communication

Communication was the most consistent challenge. Participants reported ambiguous communication regarding prescriptions, insufficient support for languages other than English and interactions that were hurried or lacked sensitivity. People with learning disabilities emphasised the need for privacy, slower communication and easy-read formats. Sanctuary seekers highlighted the value of multilingual staff and culturally sensitive explanations.

System Coordination

Poor coordination between GPs, hospitals, and pharmacies placed significant burden on service users and carers, who often felt responsible for resolving discrepancies. Although carers noted that pharmacies had offered the most help to try and resolve the discrepancies.

Suggestions for improvement

Participants described excellent experiences where pharmacies offered continuity of staff, clear explanations, privacy, easy-read or multilingual information, proactive medication management, and reasonable adjustments without fuss. These examples demonstrate that inclusive, person-centred pharmacy care is achievable and highly valued.

Recommendations

1. **Recommendation 1:** Improve accessibility and inclusivity
 - Continue to make pharmacy services physically accessible, for example, provide information in easy-read formats and multiple languages, and offer reasonable adjustments for diverse needs.
2. **Recommendation 2:** Strengthen trust through relationships
 - Ensure pharmacies have access to staff that are trained to support those with learning disabilities or language difficulties.
3. **Recommendation 3:** Improve communication and coordination across services
 - Communicate clearly, use private spaces, and enhance coordination between pharmacies, GPs, and hospitals to lessen the burden on service users.
4. **Recommendation 4:** Improve awareness of pharmacy provision

- Raise awareness of pharmacy services beyond dispensing and implement practical supports like reminders and visual aids to help patients.

Conclusion

Pharmacies are trusted and vital for inclusion health groups communities in Greenwich. While generally accessible, experiences are undermined by system-level communication and coordination issues. Practical improvements such as clearer communication, better inter-service coordination and accessible resources and alternative language provision were suggested.

Introduction

Between September 2025 and March 2026 Healthy Dialogues undertook a Pharmaceutical Needs Assessment in partnership with Royal Borough of Greenwich Public Health Team.

Alongside delivering the PNA, Healthy Dialogues were also commissioned to carry out targeted qualitative engagement better understand how inclusion-health groups in Greenwich access and experience pharmacy services. Using the ART Framework (Accessible, Relevant, Trusted), The ART framework was originally developed by the London Borough of Newham in order to explore the key areas that can be barriers to uptake of services. Using the framework Healthy Dialogues identified practical, cultural and structural barriers these communities face and generated insights that support more equitable and responsive pharmaceutical provision across Greenwich.

The objectives of the qualitative engagement work were to:

- Identify access and experience barriers for inclusion health groups using the ART framework
- Gather lived experience to inform equitable pharmacy provision
- Provide actionable recommendations for commissioners

Methodology

Between January – March 2026 six community groups in Greenwich were approached to invite service users to participate in focus groups. The aim of the focus groups were to explore service user experiences of accessing and using local pharmacy services.

The groups identified by the RBG Public Health team were:

- People experiencing homelessness and/or substance misuse
- Sanctuary seekers (migrants and refugees)
- People with learning disabilities and their carers

The focus group questions were guided by the ART framework (Appendix A). They explored how participants accessed and used pharmacies, including barriers such as distance, cost, and opening times, alongside their experiences within the physical environment (e.g. noise, queues, and layout). The questions also examined how

clearly information is communicated and whether it is provided in accessible formats, in addition to exploring the quality of interactions with staff, including communication needs and the support provided.

In addition, the questions assessed whether pharmacy services felt relevant and inclusive for diverse groups and explored levels of trust, respect, and confidence in confidentiality. Finally, service users were asked for feedback on potential improvements, drawing on their own suggestions and examples from other services, to identify practical changes that could make pharmacies more accessible and inclusive.

Two focus groups were carried out with each of the three groups. Focus groups were undertaken in person and lasted no more than one hour with between 3-10 participants at each focus group. Participants that attended the focus groups were given a shopping voucher to thank them for their time. Notes were taken at each focus group and have been analysed and stored in accordance with Healthy Dialogues confidentiality policies and procedures. Recordings were taken where participants consented to it.

Findings

Focus groups were undertaken with 40 participants across six different organisations. Notes from each focus group were collated and analysed using a thematic analysis approach. Where recording of focus groups was consented to quotes have been included.

People experiencing homelessness and/or substance misuse

A total of 9 participants took part in two focus groups, one focus group were service users from Woolwich Services Users Project and other participants were from Via. Further details regarding the organisations contacted are available in Appendix B.

Accessible

Between the two groups, pharmacies were generally seen as accessible, with opening hours and locations meeting most participants' needs. Participants that used pharmacies often shared they attended daily for structured medication routines, while others who used them less frequently expressed that they felt confident they could approach a pharmacy if required.

Key barriers to access were system-level, including delays in prescription availability, repeated trips when medications were not ready, and poor coordination between GPs and pharmacies. Participants suggested practical improvements such as text notifications when prescriptions were ready to reduce unnecessary visits.

"I told the chemist, can you just give me a text every four weeks when the medication's ready... sometimes I go there and they say it's not ready yet."

Relevant

Most participants primarily viewed pharmacies as a place to collect medication, with limited awareness of broader services such as health checks, Pharmacy First, or medication reviews. Administrative requirements (e.g., blood pressure checks for controlled prescriptions or shared-care agreements) sometimes created additional frustration, especially when processes were unclear or equipment did not function properly.

“They wanted three blood pressure readings... the machine kept playing up. I just wanted my medication.”

Participants emphasised that contact and support between GP's and hospitals were sometimes disjointed and led to service users having to coordinate between the services causing stress and frustration. One participant explained the experience of being caught between services.

“The chemist says the doctors haven't sent it... the doctor says the chemist should give it... we go back and forth.”

Trusted

Trust was strongly influenced by long-term relationships with pharmacy staff. Participants valued being known by staff, feeling listened to, and treated with respect. There was a preference for the smaller local pharmacies, a view shared particularly by the participants from Via. They suggested that the larger more commercial pharmacies didn't always build up the long-standing relationships that they had with the smaller pharmacies.

“You know which staff are going to be there and they know you.”

Concerns were raised about the potential closure of local pharmacies, which could undermine these trusted relationships. Confidentiality was also broadly trusted, although most participants said they assumed privacy standards were in place rather than having actively observed them.

Communication

Where pharmacies provided clear information, participants felt supported and confident. However, communication gaps, such as unclear prescription readiness, lack of updates from GPs created stress and uncertainty.

“If it's due on the first of the month, I want it to be there that day.”

Participants recommended practical solutions like automated alerts, better explanations, and proactive updates, which would strengthen both accessibility and trust.

Improvements

Participants emphasised the importance of prescriptions being ready on schedule and improving communication between GPs and pharmacies to prevent delays or repeated trips.

Simple interventions, such as automated reminders or text alerts, were suggested to keep patients informed about medication availability. Increasing awareness of the wider range of pharmacy services was also seen as important for making care more relevant as most participants only associated pharmacies with medication.

Sanctuary seekers

A total of 18 participants took part in two focus groups; one focus group were service users from the Lewisham Refugee & Migrant Network (LRMN) and other participants were service users from the organisation Creating Ground. Further details regarding the organisations contacted are available in Appendix B.

Accessibility

Pharmacies were often seen as more accessible than GPs or hospitals, which were associated with long waits, early-morning phone queues, and slow processes. Participants appreciated being able to access vaccinations, health checks, and quick advice without needing an appointment at pharmacies.

However, they also noted that pharmacies do not operate in isolation: poor coordination between services could lead to repeated issues, such as incorrect prescriptions or mixed messages about treatment. For some, these challenges triggered memories of previous negative or traumatic healthcare experiences, highlighting how pharmacy encounters sit within broader, cumulative journeys through the health system. Participants felt that better joined up communication between GPs, hospitals, and pharmacies would reduce confusion and improve care.

Trust

Across both groups, participants described a strong reliance on pharmacies for regular medication. However, their experiences with accessing the correct medication in a timely way were not always positive. Several people had experienced errors such as receiving the wrong medication, changes in inhalers without adequate explanation, or ongoing over-prescription that left them with excess medicines at home.

Other participants described situations where hospitals, GPs, and pharmacies failed to communicate effectively, leading to confusion or delays in receiving the correct treatment. These experiences created frustration and, for some, a sense that their concerns were not always taken seriously, particularly when reporting side effects or questioning changes. As a result, trust in the pharmacy and medical system decreased.

Relationships

Long-term relationships with pharmacy staff played a significant role in building trust and comfort. Participants valued being recognised, having their needs understood, and feeling that staff genuinely cared about their wellbeing. These relationships helped create a sense of safety and belonging, especially for people navigating a new healthcare system. Participants described having these sort of relationships with the smaller more local pharmacies where the staff had been there for a long time and knew the participants' well.

However, staff turnover could quickly erode this sense of continuity, leaving participants feeling less known and less confident. Many expressed a desire for pharmacies to balance efficiency with warmth and approachability, noting that small gestures of empathy or familiarity made a meaningful difference to their experience.

Communication

Communication emerged as a central factor shaping people's experiences. Pharmacies with multilingual staff were highly valued, as they made it easier for participants with limited English to understand their medication and feel respected. Participants shared that one of their local pharmacies had a Romanian speaking assistant who helped them to feel more included and empowered to ask questions when their English was limited. Participants suggested that advertising which pharmacies offered alternative language provisions could be something pharmacies could put in place. For example; a poster in the pharmacy window promoting which languages were available or an online resource where people could look up which pharmacies in their local area had alternative language provision.

However, some participants had negative experiences and described feeling rushed, ignored, or unable to explain their symptoms when staff lacked patience or cultural

awareness. Changes in pill colour, size, or branding were a common source of confusion, and participants wanted clearer explanations when these occurred and more time taken to ensure they fully understood the changes. They also appreciated when pharmacists took time to discuss health information. In one example, a pharmacist reviewed a YouTube video someone brought in for advice. This helped to dispel health misinformation. Overall, participants emphasised that language support, cultural sensitivity, and clear communication would be helpful for pharmacies to focus on going forward.

Improvements

Participants expressed a desire to feel more informed and empowered in managing their health. They recognised the importance of asking questions, understanding medication changes, and seeking clarification when something felt wrong, even though this was not always easy in practice. Suggestions for improvement included better training for new pharmacy staff, with an emphasis not only on accuracy but also on empathy and patient-centred communication. Some felt that greater knowledge of herbal medicines would help pharmacists engage more meaningfully with diverse cultural health practices. Others wanted clearer information displays and more proactive explanations from staff.

Underpinning all these suggestions was a shared belief that pharmacies should be welcoming, supportive spaces where people feel confident, respected, and able to make informed choices about their care.

People with a learning disability and their carers

A total of 13 participants took part in two focus groups; one focus group were service users from Advocacy in Greenwich and other participants were service users from a local community group for the carers of people with learning disabilities. Further details regarding the organisations contacted are available in Appendix B.

Accessibility

People with learning disabilities and carers both highlighted that pharmacies are not consistently accessible physically. Barriers included lack of wheelchair access, no automatic doors, limited easy-read information, and staff who were unfamiliar with learning disabilities or how to adapt communication. One participant described being

asked to sign a prescription, despite never having been asked to provide a signature before, and felt unsure where or how to do so, with limited guidance or support offered. There also seemed to be assumptions made by some pharmacy staff that people with learning disabilities should be accompanied by a carer when visiting the pharmacy, instead of taking the time to help the person themselves. Participants suggested that pharmacies could benefit from learning disability specific training or access to the resource pack developed by Advocacy in Greenwich. In addition, participants shared they had previously been involved in a scheme to do 'mystery shopper' style checks at pharmacies to ensure quality control, which had resulted in improvements in understanding and awareness. However, funding for that scheme was no longer available.

"It shouldn't be down to me to sort this out. Someone should be making the calls... not the parent or young person."

People often struggled with reading medication labels, signing prescriptions, or understanding instructions, and carers noted that digital tools can be helpful but are not always suitable for urgent or complex needs. Across both groups, there was a strong call for reasonable adjustments such as taking extra time, checking understanding, offering easy-read formats, and making accessible information more visible and routine.

"If you're caring for someone, you might not have the 30-minute window that some online forms give you... it's stressful."

Trust

Across both groups, trusted pharmacists were described as the most stable and reassuring part of the healthcare system. People valued being known by name, having their history remembered, and feeling genuinely looked after. Carers emphasised that personal relationships with pharmacists mattered more than formal processes, especially when managing complex medication treatments.

"They're willing to go out of their way to sort problems... it makes a huge difference."

Pharmacists who proactively checked prescriptions, kept expensive medications in stock, arranged deliveries, or anticipated needs were seen as going "above and

beyond". This continuity provided a sense of safety and reliability that was often missing elsewhere in the system.

Communication

Clear and respectful communication emerged as a central need. People with learning disabilities described being rushed, spoken to too quickly, told to "google it," or "ask your carer" which undermined their confidence and came across as judgemental and uncaring. Carers similarly experienced poor communication between services, often feeling they had to interpret or mediate unclear messages.

"If a young person has learning difficulties after 25... they could be lost because they don't know who to contact."

Privacy was also essential, many participants shared that they felt hesitant to ask questions unless they knew they could speak in a private room, yet not everyone knew these rooms existed or felt confident requesting them. When staff communicated clearly, took time, and offered privacy, people felt safer, more respected, and more able to engage. Participants suggested advertising which pharmacies had private rooms would be helpful. In addition, making sure it is clear who is the pharmacist in the pharmacy as some participants described being confused as to which staff member had the knowledge and expertise to help them

Safety and medication

Both groups experienced challenges caused by poor coordination between GPs, hospitals, and pharmacies. People with learning disabilities encountered incorrect doses, missing information, or unclear instructions. Whilst carers frequently had to chase prescriptions, resolve discrepancies, and advocate for urgent medication.

"You're stuck between the hospital and the GP... you have to know how to argue for the right medication, and it puts the pressure on the carer."

These gaps placed significant pressure on carers, who worried about what would happen if they were not available to intervene. Participants felt that responsibility for resolving prescription issues should sit with healthcare professionals, not families. Despite these systemic problems, pharmacists were often the ones who stepped in to prevent errors and ensure continuity.

What good looked like

Good practice included friendly staff who listened, clear communication, easy-read information, accessible environments, and reliable medication management. People valued pharmacies that offered privacy, took time to check understanding, and made reasonable adjustments without fuss. Carers appreciated pharmacists who were flexible, proactive, and willing to support them directly.

“It’s like you can trust them to know her history... they know her name, they know the medication. That’s reassuring.”

Both groups described excellent examples, such as pharmacies that prepare prescriptions early, send reminders or keep spare stock, that demonstrate what an inclusive pharmacy care can look like.

“They’re willing to go out of their way to sort problems... it makes a huge difference.”

In addition, participants suggested that using a ‘hospital passport’ might be useful in pharmacy settings as they had found them beneficial in other healthcare settings. These are sometimes referred to as ‘black books’ and are personalised, portable documents designed to assist people with learning disabilities, autism, or other complex needs in navigating hospital care. They suggested it might help with having all their relevant information in one place so there wasn’t such a reliance on the person with the learning disability to remember everything. However, there was some confusion over where and how people with learning disabilities could access one of these hospital passports and where they could be used.

Reflections on using the ART framework

The Accessible, Relevant, Trusted (ART) framework proved to be a valuable model when facilitating focus groups with people with learning disabilities, sanctuary seekers, and service users experiencing homelessness or substance use. The principles of accessibility and trust felt were particularly effective in creating an environment where participants felt comfortable sharing their experiences openly. These principles informed how sessions were structured, how questions were framed, and how sensitive topics were approached, ensuring participants felt supported and respected throughout.

In contrast, relevance felt less immediately applicable as a standalone concept, partly because the lived experiences of these groups naturally shaped the direction of the conversations so strongly. However, considering relevance helped highlight how pharmacy services could better align with the priorities and needs expressed by participants, offering insights into how services could be more meaningful, responsive, and inclusive for diverse communities.

Recommendations

After analysing the findings from the six focus groups, and the following recommendations were developed based on the insights gathered.

- **Recommendation 1: Improve accessibility and inclusivity**
 - Pharmacies should aim to be fully physically accessible, including having wheelchair access, automatic doors, and clear signage. Information about medications and services could be available in easy-read formats and multiple languages to meet the needs of people with learning disabilities, sanctuary seekers, and those experiencing homelessness. Reasonable adjustments, like extra time for consultations or checking understanding, should be considered.
- **Recommendation 2: Strengthen trust through relationships**
 - Long-term relationships with pharmacy staff are crucial for trust and confidence. Pharmacies could have designated staff members that are available and trained to help service users with learning disabilities or language difficulties so that they have a consistent and familiar contact at the pharmacy. In addition, specific training, such as learning disability awareness, could be provided for all staff to ensure they feel confident in support all service users of the pharmacy.
- **Recommendation 3: Improve communication and coordination across services**
 - Clear, consistent communication is essential to reduce confusion and anxiety. Pharmacies should explain medication changes, administrative processes, and prescription requirements in plain language, using private spaces for confidential discussions. Coordination between pharmacies, GPs, and hospitals could be strengthened to reduce the burden of responsibility for the service users or their carers. Expanding the use of medication passports or “black books,” including use within pharmacies, would minimise the burden on patients to manage information themselves.
- **Recommendation 4: Improve awareness of pharmacy provision**

- Patients should be made aware of the full range of pharmacy services beyond dispensing, including health checks, medication reviews, vaccination programs, and culturally relevant health advice. Practical interventions, such as automated prescription reminders, pre-prepared medications for regular users, and visual aids/easy to read formats for complex medication could be implemented to improve reduce stress and support informed decision-making.

Conclusion

Across all focus groups, pharmacies were consistently viewed as important, generally accessible services, and often easier to engage with than other parts of the healthcare system. However, a shared theme across all groups was that experiences were heavily shaped by wider system challenges, particularly poor coordination between GPs, hospitals, and pharmacies, which led to confusion and additional pressure on service users from all groups.

Communication also emerged as a common issue, with participants across groups highlighting gaps in accessible and clear information, particularly in respect to prescriptions, medication changes or understanding services and health information. Participants from all three groups suggested that simple, practical improvements such as alerts, clear explanations, easy to read formats and person-centred communication would be helpful and easy to implement.

Despite these challenges, trust in pharmacists themselves remained high, especially where long-term relationships existed. Participants valued the familiarity personalised care often found in smaller community pharmacies. Overall, the findings suggest that while pharmacies are trusted and play a vital role there are some improvements that could be made.

Appendix A – Focus group questions

No	Focus area	Sub area	Questions	Prompts
1	Access	Can you tell me about the last time you went to a pharmacy in Greenwich?	What happened, from when you decided to go to when you left?	
		How often do you usually go to a pharmacy?	Who and what do you mainly go for?	
		Are there pharmacies you feel you can use, and pharmacies you feel you can't use?	What makes them different? How easy or hard is it for you to get to a pharmacy, thinking about distance, transport, opening times, and cost?	
2	Experience of physical aspects of the pharmacy	What is it like for you inside the pharmacy, thinking about the noise, lights, queues, signs, how busy it is?	Are there things that would make it calmer or easier to manage?	
3	Access to information	When you get information from the pharmacy such as leaflets, labels, text messages, how easy is it to understand?	What would make it clearer? Would any further support be helpful? If so, what would that support look like? Would pictures, simple words, larger print, or videos help?	
4	Communication	Has anyone taken time to explain things in a way that really worked for you? What did they do?	Do you ever need an interpreter, supporter, or advocate with you? How easy is that to do? Have pharmacy staff ever checked how you like information? For example,	

No	Focus area	Sub area	Questions	Prompts
				pictures, plain language, time to think, written down
5	Relevance	When you think about pharmacy services (e.g. medicines, advice, blood pressure checks, contraception, vaccinations, stop-smoking support, etc.) do you feel like these services are for you?		<p>Do any of these services feel like they are not for you? What might help you feel like you could use them?</p> <p>Do pharmacy services fit the reality of moving around, not knowing where you'll be staying, or not having a phone or internet?</p> <p>Have you ever felt that information assumes you grew up in the UK or know how the NHS works?</p>
7	Trust	How comfortable do you feel talking honestly with pharmacy staff about your health or personal situation?		What would need to be in place for you to feel safe doing that?
		Have you ever felt especially respected, listened to, or cared for in a pharmacy?		What contributed to you feeling this way? e.g. the staff took time to really listen, you were able to see the same pharmacist who you had built trust with, the pharmacist was non-judgmental etc.
8	Confidentiality	If you needed to talk about something very personal or sensitive, would you trust the pharmacy to keep that information private?		<p>If not what could the pharmacy do to help you feel more confident in their ability to keep information confidential?</p> <p>Have you ever worried that your information from the pharmacy could be shared with other organisations?</p>

No	Focus area	Sub area	Questions	Prompts
9	Changeable actions	Thinking about everything we've discussed, what are the top three things pharmacies could change to make it easier for you to use them?		
10	Learning from other services	Is there anything another service does really well (GP, charity, hostel, community centre etc.) that pharmacies could copy?		
11	Any other comments	Is there anything we haven't asked that feels important about your experiences with pharmacies?		

Appendix B

Health inclusion group	Organisation
People experiencing homelessness and/or substance use	The Woolwich Service Users Project (WSUP) is a grassroots charity that aims to provide practical, emotional, and holistic support to people facing hardship, with a focus on reducing poverty, improving wellbeing, and helping service users move towards a more stable future. It works with people in Woolwich and the surrounding areas, particularly those experiencing or who are at risk of homelessness, poverty, addiction, and other complex life challenge.
	Via in Greenwich is a free, confidential service that aims to support people to reduce or stop drug and alcohol use and improve their overall health and wellbeing through personalised, recovery-focused care. It works with adults (18+) living in Greenwich who are affected by substance use.

Sanctuary seekers	<p>The LRMN Greenwich Migrant Hub is a weekly drop-in service in Woolwich that aims to provide free, practical advice and holistic support to help migrants navigate challenges such as immigration, housing, welfare, and the cost of living. It works with refugees, asylum seekers, and other migrants.</p>
	<p>Creating Ground in Greenwich is a community organisation that aims to empower people experiencing homelessness, poverty, and social exclusion by providing creative, wellbeing-focused support that builds confidence, skills, and a sense of belonging. It works with service users facing complex challenges, particularly those who are isolated or marginalised.</p>
People with learning disabilities and their carers	<p>Advocacy in Greenwich provides independent support to help people have their voices heard, understand their rights, and make informed decisions about their care and lives. It works with residents who may find it difficult to express their views, such as older adults, people with disabilities, mental health needs.</p>
	<p>The Greenwich Carers Social Group aims to provide a supportive and informal space where unpaid carers can connect, share experiences, and take a break from their caring responsibilities. It works with adult carers in Greenwich who support family members or friends</p>