

# Pharmacy: what people want

A deep dive into the state of pharmacy services, opportunities and challenges.

## Endorsements

*“This is a timely study from Healthwatch, showing how pharmacists and pharmacy teams will be central to delivering the Government’s ambitions on enhancing patient care. But there are also stark warnings for policymakers around medicines shortages, consistent access to pharmacy services, and the impact of prescription charges.*”

*“Pharmacists are really keen to use their skills to better support patients through new services such as Pharmacy First. As we ask pharmacy teams to do more, this must be backed up by enhanced communications and seamless IT systems, alongside sustainable funding and investment in the workforce.”*

**Tase Oputu, Chair of the Royal Pharmaceutical Society in England**

*“This important new research report shines a light on people’s views and*

experiences of pharmacy services in England. It tells us that members of the public are broadly positive about their experiences of using their local pharmacies and are supportive of the idea of pharmacies offering even more services in the future. This really underlines the vital role that pharmacies are already playing, and the potential for them to do even more in the future to improve access to care for patients and the public.

“At the same time, the report notes with concern that this wider role for community pharmacies is coinciding with a reduction in the numbers of pharmacies. And it also highlights some significant challenges being faced by patients and the public, and pharmacy teams, including in relation to medicines shortages.

“Healthwatch has identified some important recommendations to help address these challenges, which need careful consideration by everyone working across pharmacy and the NHS in England, as well as the government.

*“At the GPhC, we have already begun discussing how we may respond to the important issues raised in this report, and we look forward to working closely with Healthwatch England going forward”.*

**Gisela Abbam, Chair of the General  
Pharmaceutical Council**

*“Healthwatch England is doing everyone a service by highlighting the vital importance of community pharmacies to the daily lives of people across the country. They correctly identify that the public now expects more from pharmacies in terms of integrated clinical services within the NHS.*

*“The report also recognises that workforce pressures and a lack of funding are affecting patient experience.*

*“The Healthwatch England statistics about medicines shortages reflect the exhausting coalface experience of pharmacy teams, who spend many extra hours to hunt down the stock patients need and frequently dispense at a financial loss. Addressing the issue will require co-ordinated, resolute action,*

*with all eyes fixed on the needs of patients.”*

**Nick Kaye, Chair of the National Pharmacy Association**

*“Patients are at the heart of everything that community pharmacies do. We have been pleased to support this important Healthwatch England work looking at patient perspectives of, and barriers to accessing, pharmacy services and endorse the report’s recommendations.*

*“Our organisations have had productive discussions already on how to improve services for patients. We look forward to continuing this dialogue as we work to secure both sustainable funding and future service developments for community pharmacies.”*

**Janet Morrison, Chief Executive Officer, Community Pharmacy England**

*"APTUK have found the Healthwatch report into pharmacy valuable.*

*We look forward to working with Healthwatch collaboratively to expand the focus for pharmacy technicians and wider pharmacy team as part of the pharmacy workforce.”*

**Nicola Stockmann, President, Association of Pharmacy Technicians UK**

## **Headline findings**

This report sets out the following findings:

- Community pharmacies are very widely used, with 72% of people having used one in the past three months.
- Online pharmacies are much less used, with 18% using one in the past three months. 54% of people who have used an online pharmacy at some point said they would be likely to do so again.
- People value the accessibility of community pharmacies, both in terms of the ease of getting to one and the speed of being seen once there.
- Almost one in four, 24%, have experienced shortages when trying to get medicine, and 42% have experienced problems getting medicine.

- There are positive signs for the success of Pharmacy First. People were already open to the idea of going to a pharmacy rather than a GP for the seven conditions before the service was launched and are open to the idea of seeing a pharmacist rather than a GP more generally.
- Pharmacy First faces some challenges. A small proportion of the population is less open to going to a pharmacy rather than a GP. This is due to their personal preference, while in some cases, due to a lack of awareness of the services pharmacies offer.
- Although 90% of prescriptions in England are dispensed free of charge, the cost-of-living crisis impacts pharmacy usage, with five per cent of people saying they have avoided taking up one or more NHS prescriptions because of the price.

## **Recommendations at a glance**

The successful rollout of Pharmacy First will rely on addressing existing challenges facing pharmacy teams. It will also be important that patients know about the scheme, can access their local pharmacy, and are confident in the support local pharmacies can offer.

In the short term, we are calling for:

- Targeted communications to raise awareness of the Pharmacy First scheme, building on existing campaign launched by NHS England in February
- Cost of living barriers to be addressed, including improvements to prescription prepayment certificates (PPCs).
- Government to review medication shortages and take action to keep people informed.
- Better communication of pharmacy closures and transparency on temporary closures.
- People with experience using pharmacy services to be involved in the national evaluation of Pharmacy First, including decision-making.
- More support to pharmacy teams, including improved IT systems, more funding, action on workforce shortages, and support with pharmacy premises.

Longer term, we are calling for:

- Further expansion of Pharmacy First services, with evidence in this report that people would visit their pharmacy for vaccinations and dermatology services.
- A solution to ensure IT systems used across general practice, pharmacy, and broader primary care are interoperable.

The Recommendations section at the end of the document provides further details on these recommendations and others.

## **Introduction**

In England, 80% of people live within a 20-minute walk of a pharmacy, and community pharmacies serve around 1.6 million people every day – more than GP or dentistry teams<sup>1</sup>.

However, when it comes to treating symptoms, most people's first port of call will be their GP team.

GP services are experiencing increasing demand and decreasing GP numbers.

As a result, getting an appointment has consistently been the most common issue people share with us.

In the last five years, the number of fully qualified GPs has fallen by 3.45%, but the number of appointments in general practice has increased by 16%<sup>2</sup>.

NHS England has recognised the need to address this. In May 2023, it published its 'Delivery plan for recovering access to primary care', generally known as the 'primary care recovery plan'<sup>3</sup>.

A key pillar of this plan is expanding the role of community pharmacies to relieve pressure on general practice and improve access to primary care services. The plan promised to:

- Expand oral contraception and blood pressure check services in community pharmacies; and
- Launch 'Pharmacy First', enabling community pharmacies to supply prescription medicines (where appropriate) to manage seven common conditions: sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women.

The plan states this could free up 10 million GP appointments annually for those needing them most.

However, this plan arrives when the number of community pharmacies is shrinking, with the total the lowest since 2015. Additionally, pharmacies are facing challenges with shortages of both staff and medicines.

It is also unclear how aware the public is of community pharmacy services. NHS England has previously found mixed levels of awareness about the role community pharmacies can play. While the public are generally aware that pharmacy can provide advice on minor health issues, awareness of its role in relation to oral contraception and blood pressure checks is relatively low<sup>5</sup>. If the primary care recovery plan is to work, it will need people to go to pharmacies for things other than

medicines, which will require good public awareness and understanding of when they can go to a pharmacy rather than a GP.

Therefore, we have undertaken this research to assess the public's attitudes towards pharmacy at the outset of Pharmacy First. We hope the findings presented in this report will support the successful implementation of the primary care recovery plan and inform further expansion of pharmacy services.

We also wanted to generate baseline data to measure the progress of the Pharmacy First scheme in the future.

Our research took place in November 2023, ahead of the launch of the Pharmacy Contraception Service on December 1, 2023, and of Pharmacy First on January 31, 2024.

This report summarises our research and findings and presents our recommendations. We plan to revisit this and publish a 'progress report' looking at if and how figures have changed in due course, once enough time has passed for the primary care recovery plan to have had an opportunity to show impact.

We thank NHS England and Community Pharmacy England for helping inform this work.

## **Methodology**

We conducted an initial desktop review of pharmacy and GP care in England. We looked at reports from the Healthwatch network, what we have heard from the public, as well as external resources. This informed our research questions and engagement.

The research to inform this report took two forms: polling and interviews.

### **Polling**

We commissioned a nationally representative poll of adults in England, focusing on peoples' experiences and attitudes towards pharmacies and using pharmacies instead of GPs. Yonder Data Solutions conducted this poll from November 20 to November 26, 2023, with 1,650 responses.

### **Interviews**

We commissioned twelve local Healthwatch to carry out semi-structured interviews<sup>6</sup>. Each Healthwatch interviewed two pharmacy users and one pharmacy member of staff. For each interview, Healthwatch submitted a summary document of key findings and a full interview transcript.

We analysed these interviews alongside the polling results to get a holistic view of people's experiences of pharmacies and their attitudes to using them instead of GPs.

We cover the findings in detail in the following section.

## **Findings**

### **Pharmacies: usage and patient experience**

#### **Who uses community pharmacies?**

Our polling showed people regularly use community pharmacies, with 72% having used one in the past three months.

Seven in ten people have used a community pharmacy in the past three months.

Only two per cent of people have never used a community pharmacy, which underlines the important role community pharmacies play within the health system.

#### **Age**

Older people were more likely to have used a community pharmacy than younger people in the last three months. This reflects the generally higher needs of people as they age. We found that 59% of those aged 18 to 24 had used a community pharmacy in the past three months, rising to 82% for those over 65.

#### **Ethnicity**

We also looked at differences in usage by ethnicity.

Nearly three-quarters (74%) of white people have used a community pharmacy in the past three

months, compared to 62% of Asian/Asian British people and 65% of Black, Black British, Caribbean, or African people.

However, these differences are likely to reflect the average age of these populations rather than genuine variations in usage by different ethnic groups. The Office for National Statistics (ONS) calculates from the 2021 census that the average age of white people in England and Wales is 42, while the average age for Asian, Asian British or Asian Welsh and Black, Black British, Black Welsh, Caribbean or African people is 32.

### **What do people value about community pharmacies?**

People value the accessibility of pharmacies. In our polling, we asked whether a pharmacy would be the first choice for people for a range of services and support.

- Across the 12 types of service and support about which we asked, an average of 43% said a pharmacy would be their first choice to access that service or support, compared to 30% who said it would be a GP.
- Across those 12 services and support, an average of 56% said a pharmacy would be their first choice, because it is easier to get seen there than at other services.

- Across those 12 services and support, an average of 43% said a pharmacy would be their first choice, because it is easier for them to get to than other services.

Our interviews with pharmacy users underlined the value of local and accessible pharmacies. One person used the example of the COVID-19 pandemic to highlight the issues that arose when people couldn't access the services they needed.

*“It's happening less now, but during and for two years post-Covid it was happening regularly. The shop was open, but they stopped dispensing because there was no pharmacist. It was a nightmare, you couldn't get medication on time, sometimes waiting for days to pick up meds.” Pharmacy user, Cornwall*

We also heard about people having an ongoing relationship with their local pharmacy, which plays a bigger role than being just a dispensary or shop.

*“They're familiar to us, and you know, you enter the pharmacy and people will know who you are. I mean, people know me by name now. So yeah, I think they're great. I think they're brilliant.” Pharmacy user, Hackney*

In one interview, a recovering addict described the positive impact their relationship with their pharmacy had, allowing them flexibility around collection and support in the long-term management of their medication. These relationships suggest that there is considerable potential for pharmacies to take on a greater primary care role and provide continuity of care.

Pharmacies and pharmacists are the most visible and accessible part of the health system, meaning they are well-placed to build relationships with the people in their local communities.

*“I've got to know the pharmacists and a few weeks ago, my Husband was prescribed an antibiotic and... the pharmacist had checked it up and there was a possible strong reaction with something else he was taking, so she rang up and told us to hang fire 'til she could talk to the doctor. So she's quite... on board. When it comes to things like that.” Pharmacy user, Durham*

We also looked at reports on the experiences of pharmacies from our Healthwatch network. Reports from Healthwatch Blackburn with Darwen<sup>7</sup>, Healthwatch Islington<sup>8</sup> and Healthwatch Milton Keynes<sup>9</sup> had very similar themes to our research. These reports found that people were broadly

happy with their experiences of pharmacies and supportive of the idea of pharmacies offering more services.

These positive experiences of pharmacies are also reflected in NHS England's 'Public Perceptions of Community Pharmacy' survey, carried out by IPSOS Mori.<sup>10,11</sup> It found that members of the public are broadly happy with their experiences of using pharmacies, with people feeling the service they received was good for both advice and medication dispensing.

## **What issues have negatively affected patients using pharmacies?**

### **Shortages**

Medicine shortages have been widely covered in the media, which came through as a major issue in our research. Our poll found:

- 42% of people have experienced problems getting medicine from their pharmacy in the past 12 months;
- Almost a quarter (24%) have experienced their pharmacy being out of the medicine(s) they need in the past 12 months.

This may even be understating the actual number of people who have experienced shortages, as more people may not have been aware that this

was the reason they could not access the medicine they needed.

2 in 5 had problems getting medicine from their pharmacy in the past 12 months.

One in four people have experienced medicine shortages.

A greater proportion of older people have experienced shortages than younger people. Three in ten (30%) of those over 65 said they had a problem getting medicine in the last year because of shortages, compared to 15% of people aged 18-to-24. This is likely a reflection of older people making more use of pharmacies. Nonetheless, it demonstrates how some groups feel the impact of shortages disproportionately.

Our results also suggest that shortages affect women more than men. Over a quarter (26%) of women have had problems getting medicine in the past 12 months because of shortages, compared to 22% of men. This may be explained by the well-publicised shortage of hormone replacement therapy (HRT), used to relieve the symptoms of menopause<sup>12</sup>.

Last year, we highlighted issues around shortages, noting HRT but also medication for ADHD, painkillers, statins, heart conditions, high blood pressure and diabetes<sup>13</sup>.

Our interviews with pharmacy users contained a lot of comments about shortages, underlining the negative experience this can be for people, including having a detrimental impact on their condition.

*“It is really frustrating, because you need to keep on top of your medication...and you’re not going to have anything for weekend. Two days can be a really long time. And it can be quite detrimental for our condition when it happens.”*

*Pharmacy user, Hackney*

### **What happens when people cannot get the medicines they need?**

People told us that medicine shortages cause them to have to go to another pharmacy or come back later. This is not something that everyone can easily do.

*“They’ve said to me “oh, we don’t have one or two of your medications, but we’ll have it tomorrow. Can you come back tomorrow?”. And it’s like, but tomorrow I might have another appointment, or I might have other stuff to do. And I can’t always get there.”* Pharmacy user,  
*Sheffield.*

Several others shared this feeling and felt the onus is on patients to source medication rather than pharmacies. In one case, someone told us they tried to find the medicine they needed but eventually gave up.

*“It was some creams which the doctor prescribed for me. It is hard to get it, it disappeared. I went to a few pharmacies, and they did not have it. So, I just left it.” Pharmacy user, Haringey.*

Our polling suggests this is not an uncommon experience. Of those who said they have had problems getting medicine from the pharmacy in the past 12 months, 55% said they could not get their medicine the same day.

What happened to people who had problems getting medicines?

- 17% got medicine by going to another pharmacy.
- 28% got medicine by coming back another time.
- 55% were not able to get medicine that day.

Older people were more affected than younger generations.

Two-thirds (66%) of people over 55 who had problems getting medicine were not able to get it the same day, compared to a third (33%) of

people aged 18 to 24, demonstrating that medicine shortages are disproportionately an issue for older people.

Unsurprisingly, this was a key concern in our interviews with pharmacists.

*“Going back from 1973 to now this is by far the worst it's ever been. Which is hard to believe because you know back in those days, we got one delivery a day and it was all sorted by telephone...We've never had anything in the way it is now.” Pharmacist, Sheffield.*

The pharmacists interviewed were all empathetic about the issues shortages caused for people and were themselves frustrated by the inability to supply what patients need. The interviews paint a picture of a workforce committed to helping patients and working hard and creatively to try and meet people's medicine needs in any way possible.

However, there is a limit to what pharmacists can achieve, and some pharmacists told us they are hamstrung by issues beyond their control. These issues include global shortages, UK-specific shortages and the wholesale price of medicines sometimes costing more than pharmacies are reimbursed by the NHS.

One pharmacist told us about how frequently shortages were affecting their work.

*“Every single day, lots and lots of times a day, at the moment. And that’s not because we’re incompetent, it’s not because we don’t place orders. It’s because we can’t obtain the stock, because there is not stock.” Pharmacist, York*

## **Closures**

Pharmacy closures are a significant issue within the sector, with community pharmacy numbers the lowest they have been in nearly a decade<sup>14</sup>. While we know permanent closures can cause significant issues for the local communities affected, we found that:

- Only one per cent of people had had problems getting medicine from the pharmacy in the past 12 months due to a permanent closure;
- Seven per cent of people had had problems getting medicine from the pharmacy in the past 12 months because it was unexpectedly closed when they got there.

One in fifteen people have had problems getting medicine in the past year because the pharmacy was unexpectedly closed when they visited.

Temporary closures emerged as a far more significant theme in our research. These occur when a pharmacy closes briefly during its regularly listed opening hours.

People particularly identified lunchtime closures as frustrating because this is the most convenient time of the working day for them to go and get their prescriptions. Pharmacists told us they are aware of this, but that it is important for staff to be able to take a break for their own health and wellbeing.

These temporary closures often happen when there is no pharmacist on the premises, as there are strict regulations on pharmacies operating without a pharmacist present. Several pharmacists noted that their pharmacy often only has one pharmacist working at a time, making it vulnerable to temporarily closing during the day. This is why lunchtime closures appear to be particularly common; in a pharmacy with only one pharmacist, if that pharmacist needs or wants to go out at lunchtime, the pharmacy may have to close while they do so.

There are similar challenges when the pharmacist is unexpectedly absent, most commonly due to being ill or testing positive for COVID-19.

*“Because legally to have the pharmacy open the law states you have to have a*

*pharmacist on the premises, and if that day your pharmacist wakes up and they test positive for COVID instantly you haven't got a pharmacist, and you can't open". Pharmacist, Brighton*

While Integrated Care Boards (ICBs) collect data on temporary closures and these are shared between NHS England and pharmacy bodies, these are not publicly available. There is, therefore, little public transparency on the scale of temporary closures nationally. Healthwatch England plans to submit Freedom of Information (FOI) requests to uncover the figures as part of further evaluation work over the coming months and argues for ICBs to make temporary closure data public.

## **Online pharmacies**

This report focuses on 'bricks and mortar' community pharmacies, which operate on high streets and in people's communities. However, our research also generated some interesting findings on online pharmacies. These are also known as 'Distance Selling Pharmacies' (DSPs).

It should be noted that our interviews suggest pharmacy users have differing ideas on what constitutes an online pharmacy. Some refer to online services from their local physical pharmacy, which is different from a DSP that people can only interact with online or over the phone.

We did not specifically define 'online pharmacy' in our poll, so respondents' answers are based on their interpretation of what they consider that to be. Some respondents may have answered thinking about their use of the website of their local pharmacy, so it is possible that the figures for DSPs specifically would be lower.

We found that online pharmacies are much less used than community pharmacies:

- Only 18% of people have used an online pharmacy in the past three months;
- Over half (54%) have never used one. Within this, there are age variations. Over seven in ten (71%) of people over 65 said they have never used an online pharmacy, compared to 44% of 18-to-24-year-olds and 42% of 25-to-34-year-olds.

Of those who have used an online pharmacy, just over half (54%) said they were likely to do so again, but a fifth (18%) said they were unlikely to. Driving this may be that 23% of those who have used an online pharmacy said they could not immediately get the medicine they wanted.

Our interviews with pharmacy users suggest some have concerns with the trustworthiness of the service offered by online pharmacies.

*“If you get all the way down to the end of the form and it says to you ‘this medication is not suitable for your needs’, you can just refresh the page and start again and change all your answers.”*  
*Pharmacy user, Sheffield*

Patients are receptive to Pharmacy First

Pharmacy First was introduced in January 2024, empowering pharmacies to treat seven key conditions:

- Earache (1 to 17 years)
- Sore throat (5 years and over)
- Sinusitis (12 years and over)
- Impetigo (1 year and over)
- Shingles (18 years and over)
- Infected insect bite (1 year and over)
- Uncomplicated urinary tract infections (women 16-64 years).

Our research took place before the launch, and for each of the seven conditions, we asked people how likely they would be to go to a pharmacy rather than a GP for treatment.

The positive news is that for five of the seven conditions, more people were more likely to go to a pharmacy than unlikely. The exceptions are shingles and UTIs. In the graph below, only women

are shown for the UTI figures, as this service is only available to them.

These figures show that before the Pharmacy First scheme was widely publicised, many people were already open to the idea of going to a pharmacy for these conditions. Therefore, these figures give cause for optimism that Pharmacy First can be successful in directing people away from the GP for these conditions.

When we asked people why they last used a pharmacy, we also heard that people were already using pharmacies for services beyond dispensing prescriptions.

About one in six (14%) said their most recent visit to the pharmacy was to get advice about symptoms, with the proportion being higher in younger people. This bodes well for the success of Pharmacy First.

*“Yeah I felt really uncomfortable with myself, I was about to go down A&E, but I thought maybe I'll go and speak to a pharmacist and see what they think. They did advise me on what I could do, and they said that if it got any worse I would have to go down to A&E. But they recommended I wait over the weekend, to see how it goes, and call the doctors on Monday to speak to them.” Pharmacy user, Surrey*

## **Challenges for Pharmacy First**

Alongside positive signs, our research suggests Pharmacy First must overcome some challenges to achieve its full potential.

### **Some people will need convincing**

Our polling showed that many are open to using pharmacies more, but it also revealed those who are more reticent.

We asked respondents whether a GP or pharmacy would be their first choice for 12 other pharmacy services. Under half said pharmacy would be their first choice in eight of the 12 services. Less than a third said a pharmacy would be their first choice in five of the 12 services. This shows that despite our positive findings, many people still do not see pharmacy as their go-to primary care service.

### **Why are pharmacies not the first choice for some?**

A lack of awareness of the full range of pharmacy services is a key reason why this setting may not be the first choice for patients requiring care.

Interviews with pharmacists and our polling both underline this.

*“Awareness is not as good as it should be.*

*OK, and that’s partly down to us in marketing...But also, partly because we’re so focused on trying to make sure we get prescriptions right on time that*

*we're split between trying to run the day job." Pharmacist, Bury*

We asked those who said they were unlikely to go to a pharmacy for the Pharmacy First conditions why this is the case. Around a third said it was because they were not aware they could.

Raising awareness that pharmacies offer new services will be crucial to the success of Pharmacy First. Our research took place before the launch of Pharmacy First and the accompanying publicity, so awareness may now be higher. We plan to assess this again in future.

### **Preference for a doctor**

A preference for a doctor is a major driver for those unlikely to go to a pharmacy. Around two-thirds to three-quarters of those who said they are unlikely to use a pharmacy for the seven conditions said it was because they prefer seeing a doctor. This preference for a doctor also came up in interviews.

*"I think it's probably for me, it's just how it's always been, I would go to my GP...I'd probably want to speak to communicate with my GP about something like that." Pharmacy user, Hackney*

We also heard a perception that pharmacies may not always be suitable places to talk about

potentially sensitive health matters. We heard concerns that pharmacies are busy, and that other people will overhear conversations with staff.

*“I get embarrassed when they ask what is the medication or item for and they shout it back at you, and I think what if I don't want people to know. It would be good for them to be a bit more discrete; it is very open and I don't know everybody in [the area], but my family do.” Pharmacy user, Doncaster*

It is a requirement that pharmacies have private consultation spaces so that people can feel comfortable talking about sensitive issues. However, we heard indications that pharmacy users may not always know this is available.

We also found similar issues raised in several reports from the Healthwatch network. Healthwatch Blackburn with Darwen<sup>7</sup>, Healthwatch Hackney<sup>16</sup>, Healthwatch Essex<sup>17</sup>, and Healthwatch Richmond<sup>18</sup> have all published reports that note concerns about consultation rooms.

As well as the need to make people aware of a consultation room, we heard of cases where consultations rooms were not available when people needed to use them. For example, Healthwatch Essex found a case where a

pharmacy's consultation room was being used for medicine storage and, therefore, was unavailable for patients. We also heard concerns from a pharmacist about how smaller pharmacies would cope with an increased demand for consultation rooms that Pharmacy First may create.

*“There's got to be some view as to what size pharmacies are required...the one that's across the road from you, there's no space at all. We are very, very lucky to have space...but we're the exception.” Pharmacist, Sheffield.*

Our poll revealed that across all conditions (excluding UTI), men are more likely to choose to see a doctor than using a pharmacy, compared to women.

In general, shifting people from a GP-first to a Pharmacy First culture may be a challenge. One pharmacist described the public as seeing pharmacies and pharmacists fundamentally differently to GP practices and doctors.

*“There are some people that for some reason don't associate community pharmacy with being part of the NHS or part of primary care. People talk about primary care and just automatically think GPs, and that's not the case. There was a*

*conversation ... with a member of the public who didn't want to get their flu vaccine from community pharmacy because they wanted to support the NHS by going to the GP. So, you're trying to explain that actually you'd support the NHS far more by letting the GP do what they have to do... I think there's still a lot of work to be done in educating the public. It's not their fault." Pharmacist, Brighton and Hove*

## **The rising cost of living impacts how people use pharmacies**

The rising cost of living has been well documented, and we have previously published research on how it impacts people's use of healthcare services.

Pharmacies are no exception to pressures related to the cost of living. Separate to our pharmacy polling, we commissioned another nationally representative poll on the cost of living at the end of January 2024. This found that 5% of people had avoided taking one or more NHS prescriptions because of cost in the previous month, something that one pharmacist interviewed noticed.

*"In this part of Haringey there is a lot of deprivation, what will people locally do?"*

*It has never been so bad; people struggle with £9.65 per item...This is for people who work.” Pharmacist, Haringey*

Our results show that younger people are particularly affected by this. Those over sixty are entitled to free prescriptions, which explains the lower figures for older people.

People who are financially struggling are avoiding prescriptions in greater numbers.

One in ten (11%) of those who say their financial situation is ‘not at all comfortable’ have avoided taking up a prescription in the past month because of the cost, compared to 4% of those who say their financial situation is ‘quite comfortable’.

Further research is required to establish if and how cost-of-living pressures may affect public take-up of Pharmacy First services. Though these services are provided free of charge, some—especially those on low incomes—may be put off using pharmacies if they suspect or know they won’t be able to afford medication prescribed to treat a condition.

We heard from pharmacists that dispensing a prescription is often what allows them to have a wider, more holistic conversation with people.

*“The chats with the patients...those conversations we have with patients, that aren’t funded in any way from the NHS.*

*That “How are you doing? How are you feeling? How’s it actually going with that medication?” and then all those things we catch”. Pharmacist, Cornwall*

If people are avoiding prescriptions, a concern is that they may not be exposed to the broader primary care role pharmacists can play.

### **There are challenges for pharmacies**

While Healthwatch England focuses on the attitudes and experiences of patients, our interviews with pharmacists revealed several challenges for pharmacies themselves. We briefly outline these challenges below as pharmacies' capacity to deliver Pharmacy First will have important implications for patients.

### **Funding**

Pharmacists told us how funding issues affect their ability to supply medicines. Most of the pharmacists interviewed talked about how the wholesale price of medicines often rises above the amount the NHS reimburses them. This leaves them with a dilemma, as they must either purchase medicine at a loss or tell patients they cannot supply what they need. We heard from pharmacists that they will take a loss to get their patients what they need but that there is a limit to how often they can do this.

*“Sometimes I have to go above and beyond and order it from a supplier which is going to charge me a lot more. And I won’t be reimbursed as much from the NHS, and I’ll have a loss. But because I’ve had this patient for so long...feel like I have to do this, and I’ll take the hit. But at times it’s just not economically feasible to do that.” Pharmacist, Greenwich.*

## **Capacity**

The goal of Pharmacy First for pharmacies to take on more to relieve pressure on GPs relies on their capacity to do this. However, several of the pharmacists talked about the challenges of finding and retaining staff, due to not being able to offer high enough pay to make working in a pharmacy attractive.

Some patients have picked up on these capacity challenges and have mentioned how busy pharmacies feel. This may put people off using a pharmacy for things beyond medicine.

*“If a child has to come in with a rash or something like that, or a person has...they used to be able to see the pharmacist until it got too busy, and they were just so busy trying to deal with prescriptions, so*

*they didn't have time to deal with people as well." Pharmacy user, Cornwall.*

### **Integration with other services**

Some pharmacists told us that they have good working relationships with local GP practices, but others said they often do not.

One in seven people have had problems getting medicine in the past year because there was a problem with their prescription.

Our poll showed that 14% of people said they had a problem getting medicine in the past 12 months because there was a problem with their prescription. Feedback from pharmacists suggests that issues with prescriptions often occur at the interface between the issuing GP and the pharmacy.

We also found that 12% of people had problems getting medicine in the last 12 months because the pharmacy had not prepared the prescription on time. Again, pharmacists told us that this commonly came down to an issue in joint working and communication between GP and pharmacy. This causes inconvenience for patients.

*"I went to the pharmacy, and they were like, look, we can't obviously give you the pills without a prescription, go back to the*

*doctors. So I went to the doctors and they were like “oh, it’s been sent” ...I went back to the pharmacy and it wasn’t there. But the pharmacy for me personally was so lovely...he ended up ringing and they realised my doctor forgot to prescribe.” Pharmacy user, Greenwich*

## **A look to the future: where could community pharmacy go next?**

We also wanted to explore people’s attitudes to using a pharmacy in future for services beyond Pharmacy First. Guided by Community Pharmacy England and NHS England, we suggested four services that could potentially be delivered by pharmacies in future: NHS vaccinations other than flu (e.g., HPV, shingles), management of a long-term condition (e.g., high blood pressure or asthma), menopause advice, and a dermatology service (e.g., eczema, acne, and psoriasis).

We asked people whether they would use these services if they were available at a pharmacy. Only female respondents have been included for the menopause advice option, but there were notable differences by gender in the other findings.

The figures show many men and women would go to a pharmacy for these services, but with women

consistently being about 10% higher than men. On vaccinations and dermatology, over half of people say they would go to a pharmacy.

However, people appear to associate menopause advice and long-term condition management more with a doctor. When we look at the people who said they would not go to a pharmacy, there is a particularly clear preference to see a doctor for long-term condition management.

These figures reflect our overall findings. Broadly, much of the population is open to the idea of going to a pharmacy for many of their primary care needs, whether that is the Pharmacy First conditions, or the four hypothetical services proposed.

However, there is work to do to convince everyone to regard a pharmacy as the first stop for primary care, and some people have an ingrained preference for seeing a doctor.

This is the challenge of moving from our traditional 'GP first' model to a Pharmacy First one.

## **Conclusions**

Overall, our research findings show positive signs for Pharmacy First's future success. We have found that community pharmacies are very widely used, and their accessibility is a great asset. We have also found that a sizeable section of the population is

open to the idea of going to a pharmacy instead of their GP for the seven Pharmacy First conditions.

However, there are some challenges to overcome if Pharmacy First is to relieve pressure on GPs on the scale anticipated. These can be summarised as 'three C's':

- Confidence in core services. If the public is to use pharmacies more and use them instead of their GP, they will need to have confidence in pharmacies. There is a risk that this confidence is eroded by the problems people encounter accessing pharmacies' core services due to staff and medication shortages, as well as permanent and temporary closures.
- Culture change. Our traditional primary care approach is GP-led, and this is ingrained in public attitudes. A GP-first culture will need changing if Pharmacy First is to work. The public must be aware of what services pharmacies can offer. They must also be willing and confident to access those services at a pharmacy.
- Cost of living pressures. We have found that cost of living pressures are affecting people's ability to afford prescription and over-the-counter medicine. If people are using pharmacies less, or even avoiding using them

entirely, because of cost, then this may limit the effectiveness of Pharmacy First.

## Recommendations

Short-term measures to improve experience			
What we're calling for	Why this is needed	How to make this happen	Who should be involved
We are calling for further national communications to raise awareness of Pharmacy First.	Though our research took place before Pharmacy First was launched, and a national awareness campaign has since been launched, our findings provide new insights to further support communications over the	More targeted campaigning work, using Healthwatch evidence and utilisation of the local Healthwatch network.  This should include communication aimed at younger people and those from ethnic minority	NHS England Healthwatch England Local Healthwatch Community Pharmacy England

coming months.

Preference to see a doctor remains a common driver for people unlikely to visit their pharmacy.

Men are also less likely to say they'd use existing or expanded pharmacy services.

More broadly, younger people and those from ethnic minority backgrounds were the least likely groups to

backgrounds .

Campaign materials should also highlight the qualifications and expertise of pharmacy staff while emphasizing that people can still see their doctor if they feel more comfortable.

And posters in pharmacies should provide clear information on the services, including that there are

	have used community pharmacy services at the time of our research.	consultation rooms for people to discuss issues in private.	
We are calling for cost of living barriers to be addressed.	<p>Healthwatch research shows people have avoided taking up NHS prescriptions during the cost-of-living crisis. This has particularly affected younger people and those struggling financially.</p> <p>If these barriers are not addressed, people may</p>	<p>Awareness of PPCs and local NHS Minor Ailments Schemes should be raised through national campaigns and the wider rollout of <a href="#">NHS</a> posters.</p>	<p>NHS England</p> <p>NHS Business Services Authority</p> <p>Healthwatch England</p> <p>Local Healthwatch</p>

	<p>continue to avoid visiting their local pharmacy, which can impact their health and have knock-on effects on the success of Pharmacy First.</p>		
<p>We are calling for action to prevent medication shortages and better address them if they do occur.</p>	<p>People need confidence that pharmacy services are there when they need them.</p> <p>However, long-term medication shortages have left patients feeling helpless, frustrated,</p>	<p>We are calling on the Government to carry out a review of the medicine supply chain to ensure medicine safety and resilience.</p> <p>Where safe to do so, and in collaboration with</p>	<p>Department of Health and Social Care NHS England Association of the British Pharmaceutical Industry</p>

and at risk of harm.

patients - pharmacy teams should be given flexibility to make changes to medicines they dispense.

And to ensure patients are kept informed as to shortages, Government and NHS England should better communicate serious shortage protocols to GP and pharmacy staff, including through their

		primary care bulletin.	
We are calling for patients to be better notified of pharmacy closures and for pharmacy teams to be supported by improved contingency plans.	<p><a href="#"><u>Community Pharmacy England</u></a> reported in 2023 that 76% of pharmacies experienced staff shortages, and 96% saw operating costs rise. As a result, pharmacies have cut back on opening hours.</p> <p>People must be updated about where they can access pharmacy services in their area.</p>	<p>Support for pharmacy teams to give appropriate notice and advice to the public, wherever possible.</p> <p>This could be through the NHS App, NHS website, SMS platforms, and local GP and pharmacy websites - providing real-time information on temporary closures.</p> <p>ICBs should also analyse</p>	<p>NHS England Integrated Care Boards Pharmacy teams</p>

	When services unfortunately do close, contingency plans must do more to notify people and signpost them to alternatives.	and publish monthly figures on the number of temporary closures to inform workforce planning, spot trends in postcode variations, and tackle persistent closures using agreed <a href="#">local hours plans</a> .	
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**Medium-term evaluation of Pharmacy First**

What we're calling for	Why this is needed	How to make this happen	Who should be involved
We are calling for the national evaluation of Pharmacy First to	Across all levels of decision-making, we have called for a better	This could follow an experience-based design approach	Pharmacy First evaluation leads

<p>involve the active participation of people with experience of using the service.</p>	<p>listening culture that sees feedback and public involvement as key to improving care, preventing harm, and addressing inequalities.</p>	<p>but must include patient representation in decision-making processes.</p>	<p>Healthwatch England Local Healthwatch People with experience of using pharmacy services</p>
<p>We are calling for the national evaluation to consider broader pharmacy issues, including workforce, funding, data, and estates.</p>	<p>Pharmacy teams are facing several challenges. These include funding, ongoing medication shortages, workforce and capacity issues, and integration and</p>	<p>1 – Publication of a data dashboard to transparently show attendance through Pharmacy First, including demographic information. 2 – Assessment</p>	<p>Pharmacy First evaluation leads NHS Business Services Authority NHS England General Pharmaceutical Council</p>

	<p>communication with other NHS teams.</p> <p>Not only do these challenges affect the ability of teams to deliver services, but they may affect roll-out of Pharmacy First and negatively impact public experiences and confidence.</p>	<p>tools for workforce planning to support optimal distribution of pharmacy staff across primary and secondary care.</p> <p>3 – An audit of pharmacy premises and improved estate guidelines and funding to standardise the availability and privacy of consultation rooms.</p>	
<p>We are calling for Local</p>	<p>Alongside a national evaluation</p>	<p>Better signposting of local</p>	<p>Community Pharmacy England</p>

<p>Pharmaceutical Committees to work with the local Healthwatch network on improvements based on public feedback.</p>	<p>and review of national data, it is vital that local pharmacy teams can quickly understand barriers, inequalities, and potential areas for improvement.</p>	<p>Healthwatch services in pharmacies would encourage greater feedback on experiences of pharmacy services.</p> <p>Local Healthwatch could then share these experiences with Local Pharmaceutical Committees.</p>	<p>Local Pharmaceutical Committees</p> <p>Local Healthwatch</p>
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<p>We are calling for further extensions to the Pharmacy First service.</p>	<p>Our evidence shows public support for going to the pharmacy for menopause advice, management of a long-</p>	<p>Any extension needs to be co-produced with patients. The Healthwatch network could support</p>	<p>NHS England</p> <p>Pharmacy stakeholders</p> <p>Healthwatch England</p>
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	<p>term condition, NHS vaccinations (in addition to the flu), and dermatology advice.</p>	<p>further research on the types of services patients would like to see offered through their pharmacy in the future.</p> <p>Consultation with pharmacy stakeholders and relevant experts would also be required.</p>	
<p>We are calling for improvements to NHS prescription prepayment certificates.</p>	<p><a href="#">FOI data</a> from 2021 showed that over a million people could have saved money through PPCs.</p> <p>Local Healthwatch insights have highlighted</p>	<p>Better signage of prepayment options should be provided in pharmacies.</p> <p>Funding for pharmacies selling physical copies of</p>	<p>NHS Business Services Authority</p> <p>NHS England</p> <p>Integrated Care Board</p> <p>Pharmacy stakeholders</p> <p>Healthwatch England</p>

	<p>that fewer local pharmacies were selling physical copies of PPCs on behalf of the NHS BSA. In some areas this has led to people who would benefit from PPCs being digitally excluded.</p> <p>Local Healthwatch insights also highlighted examples of pharmacies accepting out-of-date PPCs from patients unaware their certificate had expired, leading to</p>	<p>PPCs should also be provided by the NHS BSA.</p> <p>And through adaptations to real-time exemption checking, or other IT developments, there could be an automated and proactive service to:</p> <ul style="list-style-type: none"><li>- Inform patients when their PPC has expired.</li><li>- Inform patients when there are information errors</li></ul>	<p>Local Healthwatch</p>
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	NHS BSA fining patients.	<p>on PPC applications.</p> <ul style="list-style-type: none"> <li>- Promote the PPC offer to patients who are picking up several prescriptions and could benefit from cost savings.</li> </ul>	
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### **Long-term integration of primary care**

What we're calling for	Why this is needed	How to make this happen	Who should be involved
We are calling for a solution to ensure that the IT systems used across general practice,	The Pharmacy First scheme aims to offer convenient access while	By introducing urgent messaging systems to improve rapid back-channel	<p>Government NHS England Pharmacy stakeholders GP stakeholders</p>

pharmacy, and wider primary care are interoperable.

also freeing up GP time. However, we have heard about challenges with good communication between pharmacy teams, their colleagues in general practice, and other community and secondary care teams.

This is particularly important in primary care, where rapid communications are vital.

Systems must be interoperable

communication between pharmacy and GP teams.

This could be through adaptations to the electronic prescription service (EPS) where the message relates to prescription issues.

	<p>e for processes to work effectively. This includes increased joint working, prescribing, dispensing, and triage of patients.</p>		
<p>We are calling for a review of long-term funding to commission fully integrated primary care.</p>	<p>Community Pharmacy has experienced a real-term funding cut of 30% over the last ten years.</p> <p>Funding by patient to GP teams has also stagnated.</p> <p>When combined with new services and incentive</p>	<p>In the long term, relevant organisations must be brought together to review how teams can collaborate across primary care, including funding and commissioning implications.</p>	<p>Government NHS England Integrated Care Boards Pharmacy stakeholders General practice stakeholders Healthwatch England</p>

schemes,  
there is a risk  
that primary  
care services  
will compete  
with one  
another.

A move to  
funded and  
integrated  
services will  
ensure that  
teams are  
fully  
supported to  
meet local  
needs.

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