

Community Pharmacy Hot Topic Report

February 2025



Who is Healthwatch Nottingham & Nottinghamshire?

Healthwatch Nottingham & Nottinghamshire is the local independent patient and public champion. We hold local health and care leaders to account for providing excellent care by making sure they communicate and engage with local people, clearly and meaningfully, and that they are transparent in their decision making. We gather and represent the views of those who use health and social care services, particularly those whose voice is not often listened to. We use this information to make recommendations to those who have the power to make change happen. This is a part of our statutory role under Regulation 44 of The NHS Bodies and Local Authorities Regulations 2012.¹

Why is it important?

You are the expert on the services you use, so you know what is done well and what could be improved. Your comments allow us to create an overall picture of the quality of local services. We then work with the people who design and deliver health and social care services to help improve them.

How do I get involved?

We want to hear your comments about services such as GPs, home care, hospitals, children and young people's services, pharmacies and care homes.

You can have your say via:

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¹ [The NHS Bodies and Local Authorities \(Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch\) Regulations 2012](#), UK 2012





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Executive Summary

This project explored public experiences with community pharmacies, focusing on accessibility, medicine shortages and perceptions of the Pharmacy First scheme. In addition, the survey also aimed to raise awareness of the new Pharmacy First initiative, which has the potential to enhance access to primary care.

Among the 284 individuals who participated in our survey, 97.5% (n=277) reported having used a community pharmacy within the past 12 months, underscoring the extensive reach and critical role of community pharmacies. We have discovered that most respondents find their pharmacy easy to access and value strong relationships with pharmacy staff. While dispensing needs of the majority are met, medicine shortages remain a significant issue affecting many patients. Our key findings are:

Accessibility: Three out of four respondents found it easy or very easy to access their preferred pharmacy. Only 5.4% (n=15) reported accessibility difficulties, often due to limited opening hours, long waiting times, operational issues causing delays or distance from home.

Medicine Supply and Shortages: More than two in five respondents (n=100) experienced medicine shortages, leading to repeated visits to pharmacies, excessive waiting times and associated stress. Patients shared concerns about the impact on their health and the additional workload for pharmacists and GPs.

Reasonable Adjustments for Medicine Dispensing: While only 8.5% (n=23) felt their needs were not fully addressed, vulnerable groups are disproportionately affected. Issues included misalignment between prescription quantities and manufacturer packaging, difficulties in managing repeat prescriptions of multiple medicines and insufficient awareness of available adjustments.

Payment for Prescriptions: A quarter of those who pay for their prescriptions (n=21) reported affordability issues, such as delaying or forgoing medications, which underscores the impact of the cost-of-living crisis on medication access and uptake.

Pharmacy First Scheme: While 40% (n=112) were aware of the scheme, feedback was mixed. Some found the service helpful, citing easy access and reduced GP visits; others reported challenges, including limited scope, unclear eligibility criteria and a lack of confidence in pharmacists' diagnostic abilities.



However, our data highlights that vulnerable individuals, such as those living with disability or long-term conditions, or those who are cared for and carers themselves, face significantly greater challenges in accessing community pharmacies, including issues with medicine supplies and unmet needs for dispensing adjustments.

Community pharmacies are essential in providing accessible, patient-centred care. This report highlights the need for systemic improvements, proactive communication and innovative solutions to support pharmacies in meeting the evolving needs of the community. It also emphasises the significance of close monitoring by the Integrated Care Board to prevent widening health inequities.

Recommendations

A brief overview of the recommendations is provided here, with further details available in the Recommendations section.

- 1. Opening hours:** We recommend that pharmacies adjust their opening hours to better align with the needs of working individuals.
- 2. Effective Communication:** Pharmacies should ensure good communication between pharmacists and patients, especially in these key areas:
 - a) Affordability
 - b) Reasonable adjustments
 - c) Supporting vulnerable patients
- 3. Pharmacy First Scheme:** Improved clarity in communication will enhance the effectiveness and long-term sustainability of the Pharmacy First scheme. The Integrated Care Board (ICB) and Local Pharmaceutical Committee are advised to focus on:
 - a) Eligibility awareness
 - b) Building public confidence
 - c) Effective signposting
- 4. Communication on Medicine Shortages and Pharmacy Closures:** The ICB is expected to take a proactive approach in communicating with the public about medicine shortages and pharmacy closures.
- 5. Pharmacy Accessibility and Location:** As part of its monitoring of relevant indicators of contractual obligations, the ICB is expected to monitor the impact of closures, with particular attention to remote and rural locations to prevent 'pharmacy deserts'. In addition, prioritising the needs of vulnerable populations is essential, as they could be disproportionately impacted.



Introduction

Community pharmacies are a cornerstone of primary care, serving as accessible, walk-in healthcare providers for local communities, operating as private businesses holding NHS contracts. Located conveniently in high streets and supermarkets, they play a crucial role in easing the burden on the overstretched primary care system by offering free consultations and a wide range of health services. These include healthy lifestyle support, smoking cessation, blood pressure monitoring and vaccinations for flu and COVID-19. With over 69 million walk-in health advice consultations in England annually, pharmacies save an estimated 38 million GP appointments each year by triaging patients and addressing minor health concerns directly or signposting them to the appropriate services.²

Beyond their essential NHS services like dispensing medicines and safe disposal of unwanted medications, many pharmacies provide advanced and enhanced services, including the recently launched Pharmacy First scheme.³ Introduced in January 2024, this initiative builds upon the NHS Community Pharmacist Consultation Service by empowering pharmacists to independently manage seven common conditions through established clinical pathways. This service aims to provide quicker access to care, reduce GP workloads and offer patients a convenient alternative for managing minor health issues, under the Delivery plan for recovering access to primary care.⁴

Despite their significant potential, community pharmacies face notable challenges. As the statutory champion for individuals using health and care services in Nottingham and Nottinghamshire, under Section 182 of the Health and Social Care Act 2012,^{5,6,7} we were receiving increasing feedback highlighting difficulties in accessing pharmacy services. These challenges, primarily stemming from staffing shortages and pharmacy closures, disrupted services and created

² [Community Pharmacy England Pharmacy Advice Audit 2024](#), Brown 2024

³ [Pharmacy First](#), NHS England

⁴ [Delivery plan for recovering access to primary care](#), NHS England 2024

⁵ [The Health and Social Care Act 2012](#), UK 2012

⁶ [Issues relating to local Healthwatch regulations](#), Department of Health, UK, 2011

⁷ [Healthwatch resources](#), Local Government Association, 2024



barriers for patients. Additionally, nationwide medicine shortages have compounded these issues, causing stress for both patients and healthcare providers.

The recently introduced Pharmacy First scheme offers promise but was reported to be hindered by public confusion and integration challenges with other healthcare services. Feedback revealed uncertainties about eligibility, scope and costs, alongside concerns with pharmacists' ability to deliver these services due to existing time and workload pressures.

To better understand these issues, this project was undertaken to explore public experiences with community pharmacies, focusing on accessibility, medicine shortages and perceptions of the Pharmacy First scheme. In addition, the survey also aimed to raise awareness of this new initiative, which has the potential to enhance access to primary care in the community. By examining these areas, this report seeks to provide actionable insights for enhancing community pharmacy services and supporting their essential role in healthcare delivery. This aligns with the NHS 10-year plan⁸ which proposes to shift resources out of hospitals and into community services, improving ease of access and availability for patients. HWNN strongly supports this approach to providing care.

More details on the background of this project are provided in Appendix 1: Background.

⁸ [Change NHS](#), Department of Health & Social Care UK



Our approach

For this project, we used a tool called *Hot Topic*, which is a short survey run regularly by us to engage with people in Nottingham and Nottinghamshire, and collect insights about key issues identified through our ongoing engagement and intelligence activities. As explained in the earlier section, this topic was selected for deeper exploration in light of growing concerns regarding access to pharmacies and shortages of medicines.

The survey consisted of eight main questions alongside demographic inquiries, gathering both quantitative and qualitative data. Respondents who had not used a community pharmacy in the past year were directed to the demographic section, while those with pharmacy experiences in the past 12 months answered further questions about accessing pharmacy services, obtaining medicines and their dispensing. A dedicated section focused on the Pharmacy First service, with an explanatory paragraph included to enhance public awareness of this recent NHS initiative.

The survey was made available to all residents of Nottingham and Nottinghamshire in both digital (via Smart Survey) and paper formats. It was posted on our website, promoted through our social media channels and shared with various local community groups and partner organisations. Additionally, it was actively publicised at various engagement events attended by our team throughout the survey period.

Running from 23rd July to 11th November 2024, the survey received a total of 284 responses. The quantitative data was analysed descriptively. We also compared the results for particular demographic subgroups of survey respondents (cross tabulation⁹), helping to identify patterns and highlight any notable differences. The qualitative responses were systematically reviewed to identify key themes,¹⁰ which are discussed in the following section.

⁹ [Better Analyse Your Survey Results Through Cross Tabulation](#), Cleave 2019

¹⁰ [Thematic Analysis](#), Braun & Clarke 2012



Summary of findings

The respondents to the survey were distributed across Nottingham City and Nottinghamshire County, with Rushcliffe accounting for nearly half of the responses (48.3%, n=138). This was followed by Nottingham City (17%, n=48) and Gedling (12%, n=34). Please refer to *Appendix 2: Demographics of Respondents* for the complete demographic breakdown. We are particularly grateful to colleagues in Rushcliffe for their efforts in promoting the survey, which led to an over-representation of this district in the data.

In terms of gender, 80% (n=226) of respondents were women, 18% (n=51) were men and one respondent identified as non-binary.

Age-wise, a quarter of respondents (27%, n=74) were in the 75–85 years age group, with a relatively even distribution across the 35–74 years age ranges. We recognise that older people, usually have greater health needs and are therefore more likely to use pharmacy services compared to the rest of the population¹¹.

Among the 284 individuals who participated in our survey, 97.5% (n=277) reported having used a community pharmacy within the past 12 months, and the analysis that follows is based on their responses. The seven respondents (2.5%) who had not used a community pharmacy were routed directly to the demographic questions.

This highlights the extensive reach and importance of community pharmacies in providing healthcare services. National level surveys further reinforce this finding, such as the one commissioned by Healthwatch England (HWE) in April 2024, which revealed that 72% of respondents had used a community pharmacy within the past three months.¹²



**97.5% (277) respondents used a pharmacy
in the last 12 months**

Source: All respondents (n=284)

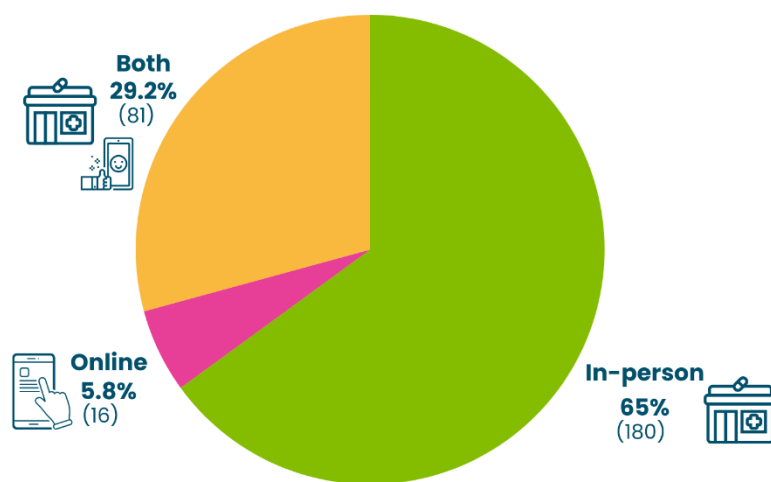
¹¹ [Public perceptions of community pharmacy](#), Duxbury & Fisher 2022

¹² [Pharmacy: what people want](#), Healthwatch England 2024

1. Accessibility

First, we examined the accessibility of community pharmacies. As indicated by the respondents, the most common access route was through in-person visits (65%, n=180). In addition, 29.2% (n=81) reported using both in-person and online methods, while 5.8% (n=16) opted for solely online access.

The findings are comparable to data from the *Public Perceptions of Pharmacy Report, 2022*¹³ commissioned by NHS England, where only 3% of respondents reported using an online pharmacy.



How people prefer to access their pharmacy?

Source: Respondents who used a pharmacy in last 12 months (n=277)

Regarding accessibility, three out of four respondents found it easy or very easy to access their preferred pharmacy (77.6%, n=215). A further 17% (n=47) selected the "okay" option, providing mixed feedback that reflected both positive and negative experiences. A small number of respondents (5.4% [n=15]) reported difficulties in accessing their local pharmacy.

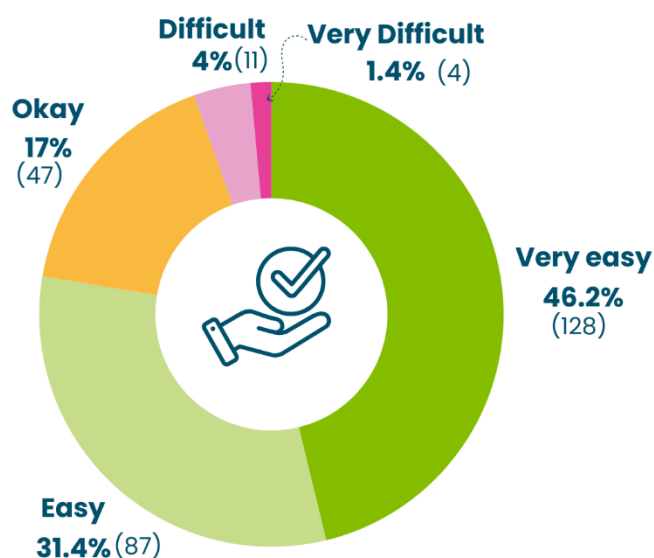


**3 in 4 people
find accessing their
pharmacy easy/very easy**

Source: Respondents who used a pharmacy in last 12 months (n=277)

¹³ [Public perceptions of community pharmacy](#), Duxbury & Fisher 2022





How convenient people find it to access their pharmacy?

Source: Respondents who used a pharmacy in last 12 months (n=277)

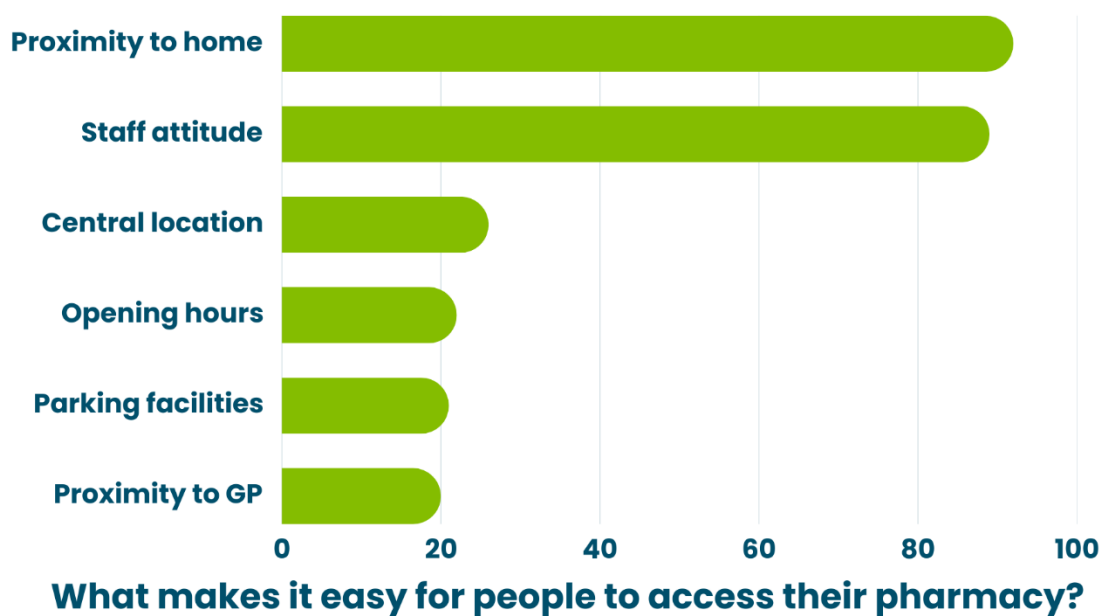
Among respondents, those who are cared for were thrice as likely to report difficulties accessing their pharmacy, compared to those who are not cared for. A total of 27 respondents reported being cared for and 15% (n=4) of them experienced challenges in accessing their pharmacy. While out of those who are not cared for (n=240), only 5% (n=11) reported difficulties in access. This can represent the physical and mental challenges experienced by those requiring care, and also, for some, the co-ordination with their carer to be able to receive their medicines.

Similarly, people living with physical or mobility impairments (n=59) reported greater difficulty, with 10% (n=6) finding access challenging, which is twice the rate of the overall respondents.

“I am Disabled and can't access the Pharmacy myself so my husband has to take a bus there (and another bus back) every month to fetch my medication from the nearest pharmacy to our home. Without him I don't know how I would get all the medication I need.”

We asked the respondents to elaborate on factors contributing to the convenience or inconvenience of accessing their preferred pharmacy. The detailed open-text responses were analysed to identify recurring themes, which are presented below. Please note that several responses were associated with more than one theme, so the percentages do not add up to 100%.

First, we analysed the responses from those who found it easy to access their community pharmacy to understand the factors that contribute to its convenience for them. These are summarised in the chart that follows.



Source: Respondents who used a pharmacy in last 12 months (n=277)

As seen in the figure above, the **physical distance** of the pharmacy from the respondent’s home was the most significant factor in their ability to easily access their pharmacy, with 33% (n=92) of respondents citing it as the primary factor influencing their response. Additionally, it was noted that many people often prefer to walk to their local pharmacy.

“Within walking distance of where I live.”

“One street away”

The next key theme that emerged from the feedback is the **attitude of the pharmacy staff**. Mentioned by 89 people (32%), this closely follows the first theme of proximity to home, emphasising how a service makes people feel is a crucial factor. Many of the respondents say that they will use a pharmacy that is further away, because the staff treat them with respect and care. This aligns with the core message we always highlight at Healthwatch: treating people with courtesy and placing them at the heart of services leads to better outcomes, as people are more likely to engage with the service and they appreciate and acknowledge the effort made by staff.



“I have used the same pharmacy for over 20 years, we are familiar with each other, they understand my needs, are supportive & understanding.”

“The pharmacy I like to use is a bus ride away. The one nearest is not very friendly.”

There are additional themes, which though numerically representing fewer responses, are nevertheless important to recognise .

Some people indicated that they found it easy to access their pharmacy if it was located in a **convenient location** that they regularly use, such as a supermarket or village centre (9%, n=26). This often implied that transport links were better and parking was more accessible. An additional 20 people (7%) felt that **proximity to their GP** surgery made it easy for them to access their pharmacy. Additionally, a few pointed out how the relationship between the GP and the pharmacy facilitated a smoother process for obtaining their medications.

“I use the pharmacy in ASDA so I pick up my prescriptions when I do my shopping”

“It's in my village right next to my doctors & there is good public transport links here.”

“Car parking nearby, adjacent to doctors surgery and other amenities e.g. Dentist, DIY shop, bakers etc.”

Further, a number of people (8%, n=22) mentioned that **longer opening hours** of the pharmacy make it easier for them to access its services, especially when the hours were staggered with office hours in either the mornings, evenings or on weekends.

“reliable opening times”

“it's opening hours, as it is open on a Saturday as well as during the week”

Parking facilities were also highlighted as a significant factor in accessibility, with 21 respondents (8%) raising this point.

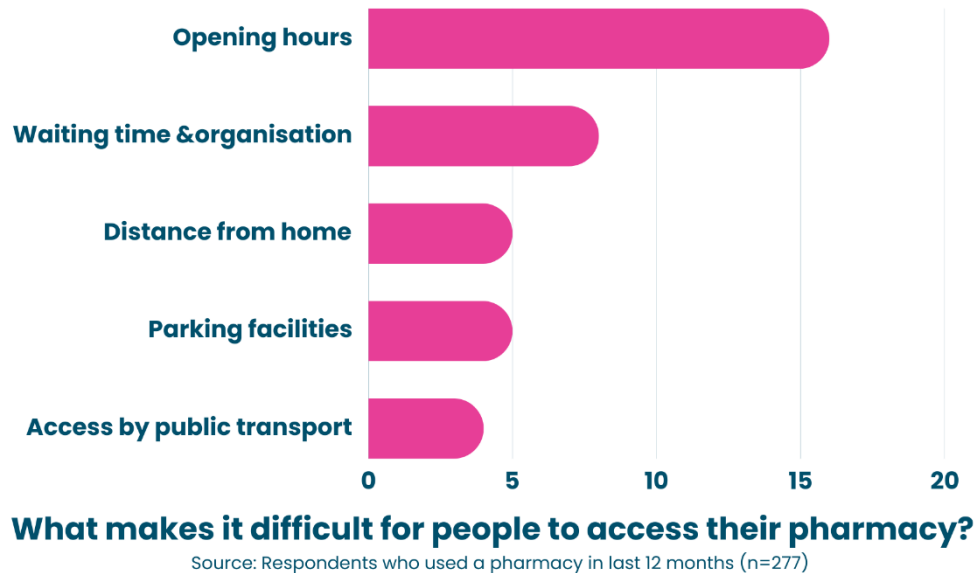
“Parking's easy too.”

“We are able to park near to our pharmacist”

Other factors that were mentioned by some respondents in facilitating access to pharmacies included:

- Good communication from the pharmacy regarding when prescriptions are ready for pick up through call, texts or NHS app
- The availability of delivery services

Next, we analysed the responses of those who indicated difficulties in accessing their local pharmacy and identified the following themes:



It is surprising that the factors that made it easy to access pharmacies do not seem to apply in reverse order here. The most important factor for those who found it difficult to access their pharmacy was the **opening hours**, particularly when pharmacies are only open during office hours, Monday to Friday (n=16).

“Wish it was open on a Saturday morning.”

“Opening hours are my working hours so not always easy to visit during opening hours.”

“Closes early on working days and over lunch.”

The next factor that people alluded to was the **long waiting time** for their medicines to be dispensed, along with a perceived level of mismanagement & disorganisation (n=8).

“20 min wait in the queue, then 20 mins to come back for your prescription in the queue.”

“Waiting time- long queues with staff taking ages to find prescriptions”

“Getting difficult with age, waiting time of >1 hour.”

The other factors cited by smaller numbers of respondents were

- The physical distance of the pharmacy from the respondent's home (n=5)
- The parking facilities, especially for disabled individuals (n=5)
- The difficulties in access by public transport (n=4)

These factors have consistently remained the same across various surveys which have been carried out in this regard, such as the *Public Perceptions of Pharmacy Report*¹⁴.

2. Medicine Supply and Shortages

The next question aimed to explore people's experiences with the supply of medicines, which is an ongoing issue across the country. Of the 277 respondents to this question, 62% (n=173) had not faced any problems with their medicine supply. However, the remaining 36% (n=100) reported facing medicine shortages, which translates to more than two in five people having experienced issues in their medicine supply. Four respondents were not sure about this.



More than 2 in 5 people
have faced problems in their medicine supply



Source: Respondents who used a pharmacy in last 12 months (n=277)

These findings correlate with the national survey conducted by HWE, which found that *"almost one in four, 24%, have experienced shortages when trying to get medicine, and 42% have experienced problems getting medicine in general. This has led to patients having to play 'pharmacy bingo', going from one pharmacy to another to find the medication they need."*¹⁵

¹⁴ [Public perceptions of community pharmacy](#), Duxbury & Fisher 2022

¹⁵ [Pharmacy: what people want](#), Healthwatch England 2024

It is notable that individuals living with disabilities or long term conditions, as well as those who are cared for or provide care, reported greater challenges with medicine supplies, which can be seen from the cross-tabulation that follows. This is important because it highlights the disproportionate challenges faced by these vulnerable groups, who often have greater healthcare needs and depend more heavily on a consistent supply of medications.

	All respondents who used pharmacy (n=277)	Mental Health Condition (n=42)	Physical or Mobility Impairment (n=59)	Long Term Condition (n=122)	Sensory Impairment (n=26)	Cared for (n=27)	Carers (n=53)
Faced problems with medicine supply 	36% (100)	57% (24)	53% (31)	49% (60)	42% (11)	52% (14)	53% (28)
No problems with medicine supply 	62% (173)	43% (18)	46% (27)	49% (60)	54% (14)	44% (12)	45% (24)
Not sure	4	0	1	2	1	1	1

**Experience of medicine supply across respondent groups:
Cross tabulation analysis**

(Note: The figures will add up for each column, but not across rows as respondents could select multiple conditions they live with)

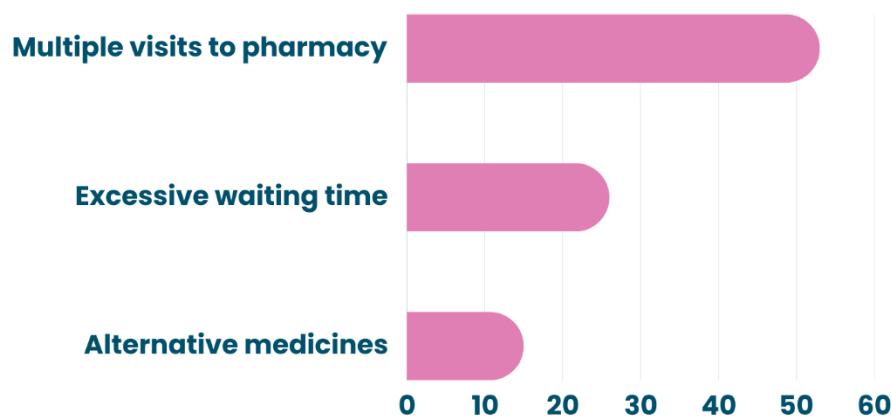
Many of the people (n=51) who faced issues with medicine shortages attributed their experiences to national or local supply issues, and showed some awareness of the wider challenges under which pharmacies are operating. This was particularly true with medicines for Attention Deficit Hyperactivity Disorder (ADHD), EpiPens (epinephrine autoinjector) and hormone replacement therapy (HRT).

“National shortage of some medication.”

“Not the fault of the Pharmacist but with the supply.”

“My epi-pen is out of date, but better than not having one at all”

When asked to elaborate on how the disruptions in medicine supply had affected them, the following themes were identified:



Consequences of medicine shortages for patients

Source: Respondents who used a pharmacy in last 12 months (n=277)

The most significant impact of stock shortages is the need for patients to make **multiple visits to the pharmacy**, due to the inability to get the entire prescription filled in one go. With 53 people indicating this, this appears to be a pertinent issue which creates stress for both the patients and the pharmacists.

“I have had to go without medication for several months in some cases despite revisiting the pharmacy to check if the medication is available and putting in other repeat prescriptions for that medication. Obviously, this will have impacted my health otherwise I wouldn't have been on that medication. It is very rare that I will receive all medications each time I put in a repeat prescription which costs me time and the pharmacy/GP time and money as they have to request different formats of medications and are unaware of shortages of particular medications.”

“Had to travel miles to other pharmacies”

“Yes in the past when my medication couldn't be sourced by my usual pharmacy. I had to ring round local pharmacies to see who had the stock...”

A few people highlighted the willingness of the pharmacists to help by dispensing medicines for a few days until the full stock was available, or sourcing it from another pharmacy, or delivering it later to save multiple visits by the patient.



However, it is important to recognise the additional burden this creates for already overstretched pharmacists, as this has become a routine occurrence.

“Shortage of medicine, but [my pharmacy] ensured that I got them from another chemist before I ran out.”

People also shared their experiences of **excessive waiting times** for medications, sometimes extending to months, even when adequate lead time had been given (n=26). While some delays can be attributed to national medication shortages, others could be linked to organisational and procedural issues within pharmacies. These delays can have various negative effects on patients' health, contributing to increased stress and anxiety, for people who are already unwell. These can also place burdens on other clinical services.

“I’m still waiting for medication for over 2 months.”

“Left with no medication for days, very stressful.”

“Missed HRT patches make me feel absolutely dreadful and missed painkillers increase the symptoms of my chronic pain condition making me in all honesty bed bound and in horrific pain.”

“I’ve had to go without vital medicines which has disrupted my health regime and means a course of hospital treatment has been negatively affected.”

“I need testosterone and there have been supply issues. When I can't get hold of it it's frightening because I know it will impact my mood and tiredness, and further if the supply is missing for long enough I start to fear it impacting the rest of my health, e.g. bone density, but I don't know what else it could be affecting as I don't have any natural sex hormone production.”

Others (n=15) indicated the need to get **alternative medications** from their GPs due to unavailability of certain formulations. While this solution works for many, it can pose problems in some cases. In addition, this not only creates extra workload for the pharmacists but also for the GPs.

“Lots of waiting and phone calls to pharmacy and GP to get alternatives.”

“Alternatives don't work as well.”

“Switched ADHD meds x3 because of the shortage which has ruined my mental health and caused new side effects. I'm unable to focus

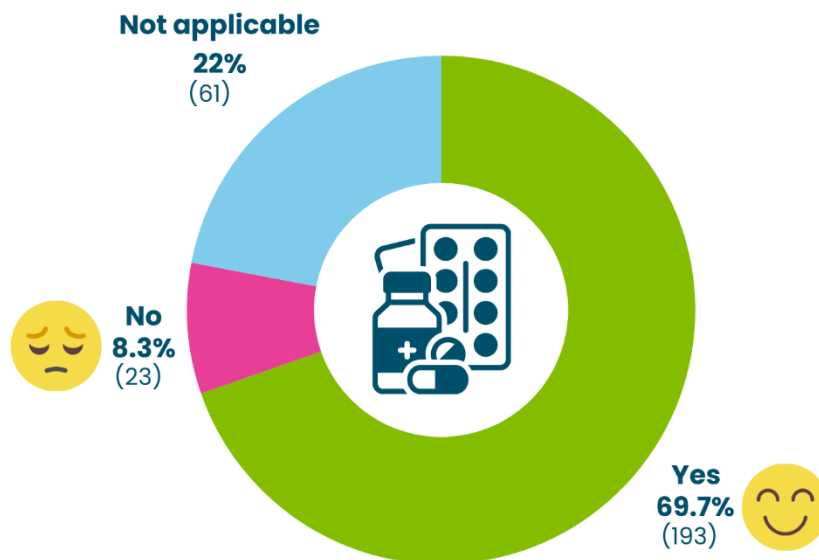


at work with the alternative they have put me on and it puts me at risk of job loss.”

These findings corroborate the *Pharmacy Pressures 2024: Medicine Shortages Report*¹⁶, which states that “79% of pharmacy team members surveyed report that patient health is being put at risk due to medicine supply issues. Nearly all community pharmacy staff report that medicine supply issues are worse than this time last year, with 99% encountering them at least weekly, and 72% now facing multiple issues a day. These pose one of the most severe pressures on their businesses.”

The issue is being examined on a national level, with the All-Party Parliamentary Group on Pharmacy having announced the launch of an inquiry into the impact of medicines shortages in England, its contributing factors and potential solutions.¹⁷ At the time of writing this report, the call for evidence to the inquiry was open.

3. Reasonable Adjustments for Medicine Dispensing



Are medicines dispensed in a way that meets your needs?

Source: Respondents who used a pharmacy in last 12 months (n=277)

The next set of questions explored if the medications were dispensed in a way which meets people’s needs. This included reasonable adjustments such as large



¹⁶ [Pharmacy Pressures Survey 2024](#), Community Pharmacy England 2024

¹⁷ [All-Party Pharmacy Group](#)

print labels, easy-open containers, multi-compartment compliance aids or blister packs and reminder charts. Ensuring that medications are dispensed in a manner that accommodates individual needs is a significant factor in promoting medication compliance, thus safeguarding patient health and optimizing the utilization of healthcare resources.

Majority of the respondents (70%, n=193), felt that the dispensing process met their needs. Meanwhile, 22% (61) indicated this was not applicable to them, and the remaining 8% (n=23) reported that their needs were not fully taken into account.

However, cross tabulation analysis of the data reveals that those with greater challenges and increased vulnerability are not always finding the adjustments that they need, and are disproportionately affected. Individuals living with disabilities or impairments are more likely to feel that their medicine dispensing needs are not met, as shown in the table below. This can be seen by comparing the column representing individuals with impairments to the first column, which shows overall respondents.

	All respondents who used pharmacy (n=277)	Mental Health Condition (n=42)	Physical or Mobility Impairment (n=59)	Long Term Condition (n=122)	Cared for (n=27)	Carers (n=53)
Dispensing does not meet needs 	8% (23)	19% (8)	17% (10)	11% (13)	18% (5)	11% (3)
Dispensing meets met 	70% (193)	62% (26)	71% (42)	76% (93)	52% (14)	62% (33)
Not applicable	22% (61)	19% (8)	12% (7)	13% (16)	30% (8)	27% (14)

Meeting dispensing needs across respondent groups: Cross tabulation analysis

(Note: The figures will add up for each column, but not across rows as respondents could select multiple conditions they live with)

Comments from respondents living with disabilities underscore this point:

"I have Arthritis and find the blister packs difficult"

“I wasn't really given face to face advice on how to take my medicine the first time and it was quite daunting.”

This disparity could contribute to inequitable access to medications and widen the gap in health outcomes, making it essential to address even though the numbers are smaller. This prompted us to examine further the responses of those who indicated that their dispensing needs were unmet and the themes that emerged are presented below.

The first factor identified was the alignment of **amount of medicine** on prescriptions with manufacturer packaging, coordination of different medicines for ordering repeat prescriptions and the ability to order medications for a longer duration, especially for people with long term illnesses and those taking multiple medicines (n=9).

“I take a number of medicines and I wish for example they would give me more than one month at a time!”

“They all renew at different times, it would help if they are synchronised.”

“I have liaised with my GP to get the prescription to match the amount delivered to the pharmacy in each box. therefore the pharmacy don't have to waste time and use blank white boxes by splitting them up. e.g. prescription may say 28 and there are 30 in a box.”

It is noted that based on regulation changes from 1st January 2025, pharmacists will consider dispensing an original pack rather than the exact amount on the prescription (up to 10% more or less than the original prescription).¹⁸ The enforcement and communication of this regulation would address some of the concerns raised above.

Effective communication was the next most important factor, highlighting the importance of encouraging patients to feel comfortable in requesting information or adjustments, and informing them about available options, such as reasonable adjustments and the NHS app (n=8).

“...never been asked if i needed help with anything, they are not that type of chemist.”

¹⁸ [Original Pack Dispensing](#), Nottingham & Nottinghamshire ICB

“Not enough info about this. Only found out about blister packs a month ago. Didn't know this service was offered.”

“I currently phone up in advance to request repeat prescription. I have recently discovered that I could order on the NHS App. I wish somebody had told me this sooner – e.g. the pharmacy when I rang up to order.”

A few people indicated that they found the **print on the labels** too small to read (n=5) and/or **struggled to open** the packaging of their medicines (n=4). While this represents a small number, it underscores the importance of ensuring that patients are aware of the available options for adjustments to meet their needs.

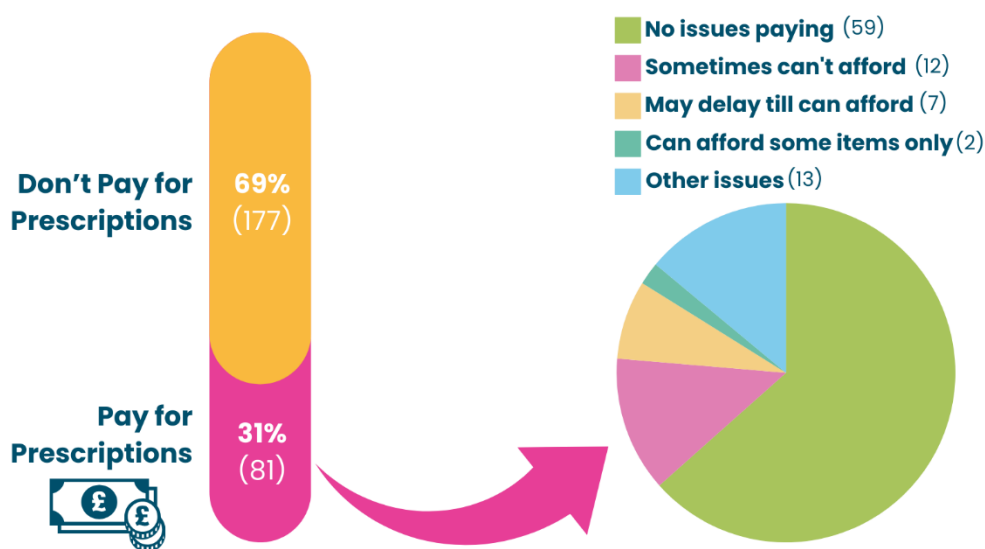
Sustainability was another factor mentioned (n=9), with people expressing awareness of the environmental consequences of medication packaging and waste.

“...there is so much waste in medicines packaging that could be improved, including recycling options.”

“I feel that packaging etc should be reduced and also made more sustainable....”

4. Payment for Prescriptions

The next set of questions focused on understanding how the ability to pay for prescriptions influences people's behaviour in obtaining their medications and the



Affordability of Prescriptions

Source: Respondents who answered this question (n=258)



affordability of prescriptions. Respondents were allowed to select more than one response from a set of options.

Out of the 258 respondents to this question, 69% (n=177) said that they do not pay for their prescription. People may be exempt from prescription charges for various reasons, such as age, certain medical conditions or low income, and overall only 10% of the population in England need to pay for their prescriptions.^{19,20}

Out of the 81 respondents who pay for their prescriptions, 73% (n=59) indicated that they had no issues paying for their prescriptions. However, the remaining 27% (n=22) reported difficulties in getting their prescriptions filled due to affordability. This included statements such as: 'I sometimes cannot afford to get my prescription filled,' 'I may delay filling my prescription until I can afford it,' and 'I can only afford to get some items from my prescription, not all that were prescribed.' While those who reported challenges with affordability are only 8% of the original set of respondents, they represent more than a quarter of those who pay for prescriptions and are therefore significant to consider.

These findings align with the national survey conducted by HWE, which found that 5% of people avoided taking up one or more NHS prescriptions because of the price, which is an upward trend since previous years.²¹ This highlights the impact of the cost-of-living crisis on medicine uptake.

Additionally, 5% (n=13) mentioned facing other challenges.

Some notable comments made were:

"online pharmacies promote their private service above the NHS which can be quite hard to find."

"I value the pharmacist saying it's cheaper to buy than get it via prescription."

"pre-payment card is a life saver when you have multiple conditions"

¹⁹ [Free NHS prescriptions](#), NHS Business Services Authority

²⁰ [Aligning the upper age for NHS prescription charge exemptions with the State Pension age](#), Department of Health & Social Care, UK 2023

²¹ [Pharmacy: what people want](#), Healthwatch England 2024

5. Pharmacy First

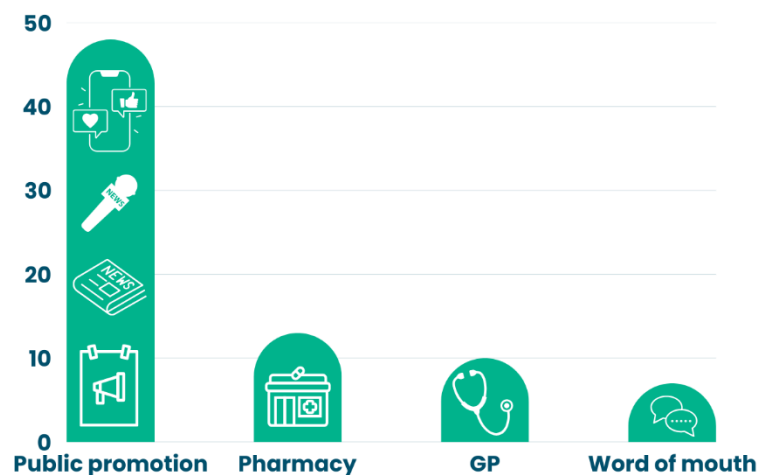


40% (112) respondents had heard about Pharmacy First

Source: Respondents who used a pharmacy in last 12 months (n=277)

The next set of questions was aimed at the recently launched Pharmacy First Scheme (for more details of the Pharmacy First scheme see Appendix 1). Of the 277 respondents to this question, 60% (n=165) had not heard about the scheme, while the remaining 40% (n=112) were aware of it. This is a noteworthy figure, given that the service was launched as recently as January 2024.

When asked how they learned about the Pharmacy First Scheme; respondents indicated that public promotions—such as radio, TV, posters, flyers, newspapers, and social media—were the most common sources. This was followed by information provided directly by pharmacies, then by GPs, and finally through family or friends (word of mouth).

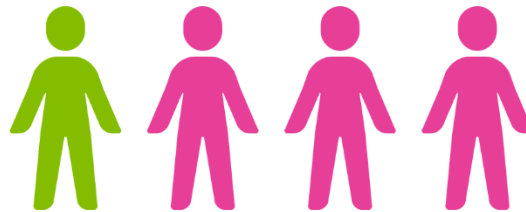


How did people hear about Pharmacy First?

Source: Respondents who used a pharmacy in last 12 months (n=277)



Next we asked respondents if they had tried to use the Pharmacy First service. While 70% (n=194) said they had not, 27% (n=74) replied in the affirmative. An additional 9 respondents indicated that they were unsure.



1 in 4 people have tried using Pharmacy First

Source: Respondents who used a pharmacy in last 12 months (n=277)

When asked to share their thoughts about their encounter with the Pharmacy First service, respondents provided mixed experiences- both positive and negative.

Some found the service **helpful**, as they were either given treatment or signposted to a GP or other relevant healthcare setting (n=25).

“For my child with earache – pharmacist looked and supplied some drops – excellent.”

“Had a swollen wasp sting, the pharmacy advised me to go to the GP surgery, but it was good to know I was right in contacting the GP and was able to say that Pharmacy First advised me.”

“I visited the pharmacy for a consultation which was dealt with very efficiently and medication dispensed.”

Additionally, 11 people mentioned that the service was easy to access and helped save a GP visit, which aligns with its original intent.

“Was very efficient service, far better than waiting/bothering the doctor”

“It was a useful alternative to visiting my GP but it’s not very easy to understand what to visit pharmacist for as it’s so specific to certain conditions that may mimic other things.”

Some additional points raised included concerns about the added cost for medications and worries about its viability with current staffing levels.

"I think it's a great idea if you can't get to see your doctor, although it is now adding additional costs for some people who would have ordinary [sic] gone to their doctor."

"The pharmacist signposted me to the GP. I always use Pharmacy first. It is a good approach but need to have more staff."

However, some respondents had **poor experiences** with the Pharmacy First service.

The reasons cited by the 18 people who did not find it helpful included increased treatment time due to the need for referrals back to a GP or urgent treatment centre, as well as limitations in age, conditions or medications covered by the scheme. This highlights gaps in public awareness about which conditions and age groups are eligible for the service.

"Not at all helpful. Long queue, have to describe symptoms in public first to a Healthcare Assistant who tells you they can't help and only if you insist do you get an impatient Pharmacist, who you tell again in public, (Boots) who tells you to wait and see or go to your GP"

"I was not in the right age range"

"Posters do not make it clear that there are age restrictions on some services, e.g. for UTI up to 65yrs only"

Additionally, a few people (n=7) alluded to a lack of confidence in pharmacists' ability to correctly diagnose their condition and prescribe medications.

"Pharmacist was not well trained, asked me "what my GP would normally ask me" and was not confident."

"[The pharmacist] referred me to walk-in centre for treatment. It turned out they were wrong, and the treatment centre said the opposite to what [the pharmacist] said. So not sure I would trust a pharmacy anymore."

These experiences, while few, could imply a training and development need for pharmacists. They could also be rooted in people's attitudes determined by the conventional role pharmacists have been seen to fulfil, making public trust in pharmacists for healthcare advice a challenging territory. While some feel



confident trusting them as qualified healthcare professionals, others see them traditionally as only dispensers of medications. This has been flagged up by past research^{22,23,24,25} and remains an area that needs to be addressed for Pharmacy First to succeed.

²² [A qualitative exploration of opinions on the community pharmacists' role amongst the general public in Scotland](#), Gidman & Cowley 2013

²³ [Pharmacist prescribing: A scoping review about the views and experiences of patients and the public](#), Famiyeh & McCarthy 2017

²⁴ [Patient and public perspectives of community pharmacies in the United Kingdom: A systematic review](#), Hindi et.al. 2018

²⁵ [Pharmacy: what people want](#), Healthwatch England 2024



Conclusions

Community pharmacies play a vital role in the primary healthcare landscape, extending far beyond the dispensing of medications. Reinforcing their broader role is essential not only for their survival but also for bolstering the overstretched primary healthcare system.

We have discovered that most respondents find their community pharmacies easy to access and value strong relationships with pharmacy staff. While the majority have their dispensing needs met, medicine shortages remain a significant issue affecting many patients.

A significant trend we have identified is that the vulnerable respondents encounter greater difficulties in accessing community pharmacies in a way that meets their needs. For instance, individuals who are cared for face three times as many challenges compared to those who are not, while those with physical impairments experience twice as many challenges. This trend extends to issues with medicine supplies, with problems reported by 50% or more of respondents in vulnerable groups such as those with mental health conditions, physical impairments or long-term conditions, cared for and carers. Additionally, these groups also reported twice the usual rate of unmet needs in medicine dispensing. Such disparities warrant close monitoring, as they risk contributing to inequitable access to medications and could further widen gaps in health outcomes for these high-risk populations.

1. Accessibility

The majority of people prefer to access their pharmacy in person (65%, n=180), with approximately 30% (n=81) using both physical and online methods. Three out of four respondents found their pharmacy easily accessible, and only 5.4% (n=15) reported difficulties in access. However, given the current scenario of increasing pharmacy closures and staff shortages, accessibility requires close monitoring. Key factors influencing accessibility include:

- Proximity to home, GP or a convenient location such as a supermarket or village center, make it easy for people to access their pharmacy; the reverse applies when greater physical distance makes it inconvenient to get to the pharmacy
- Staff attitude, with respect and courteous service rated highly in determining pharmacy choice.



- Longer opening hours, with staggered schedules accommodating early mornings, late evenings and weekends enhance convenience. Conversely, limited hours deter access.
- Parking facilities, particularly crucial for individuals with disabilities.
- Operational efficiency, as long waiting times and perceived mismanagement discourage usage.

Innovative approaches by some pharmacies, such as 24-hour medication vending machines, are commendable and offer valuable insights for others to overcome operational challenges:

“... the good thing is [my pharmacy] has an outdoor vending machine type thing for medication where you can get your meds with a passcode (apart from controlled drugs) which is open 24 hours and code is valid for a certain length of time.”

2. Medicine Supply and Shortages

More than two in five respondents (n=100) reported challenges with medicine supply, reflecting the ongoing national issues. Many (n=51) recognized these challenges as systemic, appreciating the pressures faced by local pharmacies.

Shortages create additional difficulties for patients, pharmacists and GPs, as multiple visits are required to fill a single prescription, often with the need to prescribe alternates. The excessive waiting time was indicated to have various negative effects on patients' health, contributing to increased stress and anxiety, and burdens other healthcare services as well.

3. Reasonable Adjustments for Medicine Dispensing

While only 8.5% (n=23) felt their needs were not fully addressed, it was noted that vulnerable groups were disproportionately affected. Patients emphasised the need for:

- Better alignment between prescription quantities and manufacturer packaging.
- Co-ordination of repeat prescriptions for multiple medicines and longer-period medication orders for chronic illnesses.
- The importance of effective communication, encouraging patients to request adjustments and be informed of available options.

Additionally, sustainability was a concern, with people expressing awareness of the environmental impact of medication packaging and waste.

4. Payment for Prescriptions

A quarter of those who pay for their prescriptions (n=21) reported affordability issues, which underscores the impact of the cost-of-living crisis on medication access and uptake.

5. Pharmacy First

Awareness of the Pharmacy First scheme stood at 40% (n=112), with one in four respondents having tried the service since its launch in January 2024. Feedback was mixed:

- Positive experiences highlighted easy access to treatment or signposting, reducing GP visits, aligning with its original intent.
- Negative experiences pointed to extended treatment times due to referrals and limitations in age, conditions or medications covered.
- A few respondents expressed lack of confidence in pharmacists' diagnostic and prescribing abilities, suggesting a potential need for additional training and public education to address traditional perceptions of pharmacists' roles.

Since community pharmacies are a cornerstone of healthcare delivery, addressing these challenges and reinforcing public trust in their expanded role will be critical for supporting both patients and the broader primary healthcare system.



Recommendations

Based on the key findings of our report, the following recommendations are made:

1. Opening hours

We recommend that *pharmacies* adjust their opening hours to better align with the needs of working individuals. Even with resource shortages and reduction in hours, staggered schedules such as offering early mornings, late evenings or weekends can significantly improve accessibility for patients and enhance pharmacy usage.

2. Effective Communication

Pharmacies should ensure good communication between pharmacists and patients. This has been demonstrated to play an important role in creating awareness about various services such as Pharmacy First. Relying solely on posters is insufficient, direct and proactive communication is far more effective, by – for example – speaking to patients about the options that exist to help them, rather than assuming such knowledge.

- a) **Affordability:** Pharmacists should actively inform patients about cost-saving options, such as pre-payment certificates, to help make prescriptions more affordable and reduce financial barriers. Respondents have explicitly highlighted and appreciated this support.
- b) **Reasonable adjustments:** Pharmacists need to proactively educate and remind patients about these options, whether they are free or chargeable, to ensure better compliance and improved health outcomes. Our data revealed that people are not always aware of tools and adjustments to support medication management, such as blister packs, large-print labels or easy-open containers.²⁶
- c) **Supporting vulnerable patients:** It is essential that pharmacies take into account the individual needs of vulnerable patients. Our data shows that members of more vulnerable communities such as cared for, carers, people with disabilities and long term conditions disproportionately encounter unsatisfactory outcomes. These

²⁶ [Managing your medicines](#), Nottingham & Nottinghamshire ICB

difficulties arise for a number of different reasons, such as physical accessibility, communications difficulties, understanding what is required by the patient, and mismatches between GP and pharmacist over medication needs.

3. Pharmacy First Scheme

Improved clarity in communication will enhance the effectiveness and long term sustainability of the Pharmacy First scheme, which has been well-received in its first year, with 40% of respondents aware of it already.

- a) **Eligibility Awareness:** Public campaigns should emphasise the eligibility criteria, including age, gender and conditions covered, to prevent disappointment and maintain public trust.
- b) **Building Public Confidence:** The Local Pharmaceutical Committee (LPC) and the Integrated Care Board (ICB) can address concerns about perceived uncertainties around the diagnostic and prescribing abilities of pharmacists by providing and publicising targeted training for pharmacists and pharmacy technicians. This would enhance their skills and reinforce public confidence in their expertise.
- c) **Effective Signposting:** The ICB can strengthen and clarify the referral pathways through GPs and NHS 111 to Pharmacy First, ensuring patients are directed to the appropriate service from the outset, and thereby reducing unnecessary delays and consequent frustration.

4. Communication on Medicine Shortages and Pharmacy Closures

The ICB should take a proactive approach in communicating with the public about medicine shortages and pharmacy closures. Transparent and timely updates can enhance public confidence by keeping patients informed about ongoing challenges and manage expectations effectively, while also reducing the spread of misinformation. This aligns with the recommendations outlined in the report by HWE²⁷, emphasising the importance of clear communication to maintain trust and accessibility in pharmacy services.

²⁷ [Pharmacy: what people want](#), Healthwatch England 2024



5. Pharmacy Accessibility and Location

As part of its monitoring of relevant indicators of contractual obligations, the ICB is expected to actively monitor and mitigate the effects of closures, as the current rate of one pharmacy permanently closing daily across England²⁸ poses a significant threat to accessibility. This is a key concern as physical proximity remains the most critical factor for ease of access, as highlighted in the report. Particular attention should be given to remote and rural locations to prevent ‘pharmacy deserts’, where communities lack reasonable access to pharmacy services. In addition, the needs of vulnerable populations must be prioritised as they already face greater challenges in accessing pharmacy services and could be disproportionately impacted by potential closures, further exacerbating health inequalities.

²⁸ [Pharmacy closures in England](#), Healthwatch England 2024

Reference List

- [A qualitative exploration of opinions on the community pharmacists' role amongst the general public in Scotland](#), Gidman & Cowley 2013
- [ADHD medication shortage: Patient was left 'searching for supplies'](#), BBC 2024
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- [Pharmacy First service already making a difference](#), Nottingham & Nottinghamshire ICB
- [Pharmacy First](#), NHS England
- [Pharmacy First: what you need to know](#), Department of Health and Social Care Media Centre 2024
- [Pharmacy Pressures Survey 2024](#), Community Pharmacy England 2024
- [Pharmacy: what people want](#), Healthwatch England 2024
- [Public perceptions of community pharmacy](#), Duxbury & Fisher 2022
- [The Health and Social Care Act 2012](#), UK 2012
- [The NHS Bodies and Local Authorities \(Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch\) Regulations 2012](#), UK 2012
- [The three reasons why the push to increase the role of pharmacies is being undermined](#), Healthwatch England 2024
- [Thematic Analysis](#), Braun & Clarke 2012



Appendix 1: Background Study

Before launching this survey, we conducted a background study and literature review to better understand the context in which pharmacy services are operating. The findings from this review, combined with the public feedback that prompted the survey, are outlined below.

Community Pharmacies are an integral component of Primary Care, working closely with GPs and other providers to offer care to the local population in the community. Typically located on high streets and in supermarkets, community pharmacies offer accessible, walk-in services where patients can consult qualified healthcare professionals free of charge. This accessibility makes them a vital first point of contact within the healthcare system, providing a convenient way to access services such as support for healthy eating, exercise, smoking cessation, blood pressure monitoring, contraception, and vaccinations for flu and COVID-19.²⁹

According to the Pharmacy Audit Advice published by Community Pharmacy England³⁰, pharmacies across England collectively deliver over 69 million walk-in health advice consultations annually. The report highlights that more than half of the individuals seeking advice from pharmacies would otherwise have visited a GP, underscoring the critical role pharmacies play in alleviating pressure on general practice. This translates to approximately 38 million GP appointments saved each year, with pharmacies effectively triaging patients and directing those with urgent medical needs to appropriate healthcare professionals.

All pharmacies provide essential services as a part of their NHS contract, including dispensing medicines and medical appliances, safe disposal of unwanted medicines and offering advice on self-care and healthy living. In addition, some pharmacies choose to offer advanced and/or enhanced services commissioned by NHS England, Integrated Care Boards or local authorities. These services may include flu vaccinations, the new medicine service, and other targeted health interventions.²⁹

In January 2024, NHS England launched a new Pharmacy First service that builds upon the existing NHS Community Pharmacist Consultation Service, an advanced

²⁹ [Community pharmacy explained](#), The Kings Fund 2020

³⁰ [Community Pharmacy England Pharmacy Advice Audit 2024](#), Brown 2024



service running since 2019.³¹ The consultation service enables community pharmacies to support patients referred for minor illnesses or an urgent repeat medicine supply. The new Pharmacy First service enhances the existing framework by enabling community pharmacies to independently complete episodes of care for seven common conditions following established clinical pathways.

This initiative is part of the Delivery plan for recovering access to primary care³² aimed at providing patients with a quicker, more convenient way to access healthcare while freeing up GP appointments for those with greater need.

Patients can access the service directly through participating pharmacies or via referrals from GPs, urgent and emergency care or NHS 111. For the seven designated conditions, pharmacists follow a robust clinical pathway which includes self-care and safety-netting advice. Where appropriate, pharmacists may supply a restricted range of prescription-only medicines, eliminating the need for a GP consultation at this stage.³³ The seven conditions covered by the Pharmacy First scheme are listed below, along with the applicable age range:

Clinical pathway	Age range
Acute otitis media (middle ear infection)	1 to 17 years
Impetigo	1 year and over
Infected insect bites	1 year and over
Shingles	18 years and over
Sinusitis	12 years and over
Sore throat	5 years and over
Uncomplicated urinary tract infections	Women 16–64 years

As of January 2024, over 95% of community pharmacies nationwide were reported to have registered for the Pharmacy First service, and more recent data is not yet available.³⁴ Locally, more than 200 pharmacies across Nottingham and Nottinghamshire have signed up to deliver this service, which is a promising start.³⁵

³¹ [Pharmacy First](#), NHS England

³² [Delivery plan for recovering access to primary care](#), NHS England 2024

³³ [Pharmacy First](#), NHS England

³⁴ [Pharmacy First: what you need to know](#), Department of Health and Social Care Media Centre 2024

³⁵ [Pharmacy First service already making a difference](#), Nottingham & Nottinghamshire ICB

In early 2024, feedback collected as part of regular intelligence-gathering activities from the public and our volunteers highlighted several issues with community pharmacy services. These concerns were grouped into three key themes, which are outlined below and served as the basis for launching this project.

1. Access to community pharmacies and service offered

Numerous members of the public have expressed frustration with difficulties in accessing pharmacy services and dissatisfaction with the quality of care provided. Community pharmacies face significant challenges, including staffing shortages, which have led to closures. A recent report by Healthwatch England (HWE) highlighted that in Nottingham & Nottinghamshire alone, 544 hours have been lost to temporary closures in the calendar year 2023.³⁶ (A temporary closure is one where a pharmacy is unable to dispense prescriptions for reasons such as the lack of a 'responsible pharmacist'.) These challenges disproportionately affect vulnerable populations, such as individuals living in deprived areas or remote rural locations, and those living with disabilities or long-term conditions who require reasonable adjustments for smooth uptake of medicines.

2. Medicine shortages

Medicine shortages have been a persistent issue, both nationally and locally, as highlighted by public feedback and our volunteers. Patients have voiced growing concerns about these shortages, alongside frustration over the lack of transparency surrounding the issue.

This concern was also brought to national attention in a recent BBC News article titled - *ADHD medication shortage: Patient was left 'searching for supplies'*, which elaborated the plight of a local resident in securing essential medication and the impact it had on their life.³⁷ The Nottinghamshire Area Prescribing Committee also issued a warning based on the National Patient Safety Alert for specific ADHD medicine shortages.³⁸

³⁶ [Pharmacy closures in England](#), Healthwatch England 2024

³⁷ [ADHD medication shortage: Patient was left 'searching for supplies'](#), BBC 2024

³⁸ [ADHD shortages](#), Nottinghamshire Area Prescribing Committee



3. Pharmacy First scheme

The recently introduced Pharmacy First scheme was noted as a frequent topic of discussion. Designed to ease pressure on GPs as part of the NHS Delivery Plan for recovering access to primary care, the scheme showed promise but was seen to face several challenges as well.

We were told, for instance, that *“there is confusion and misunderstanding about the service among users, including who can access it, when it can be used, and whether there is a cost involved. Negative stories are circulating among the public.”*

Additionally, people shared concerns about the time-constraints and workload of pharmacists affecting the pharmacist’s capacity to provide Pharmacy First services, such as *“Pharmacists are already overstretched for time. Consultations for Pharmacy First require discussion and time, which is already in short supply, making the practicality of the service very doubtful.”*

Concerns about the reception of the scheme by GPs were also raised. A headline from the Guardian in May 2024 stated – *Pharmacists accuse GPs in England of scuppering Pharmacy First scheme.*³⁹ At a similar time, HWE also presented an analysis of the challenges faced by the initiative in a blog post titled *“The three reasons why the push to increase the role of pharmacies is being undermined”.*⁴⁰

These concerns continue to be live as members of the public have been sharing their ongoing experiences with us. Even after the report’s publication, we encourage continued sharing of feedback to gauge the issues that matter most locally and to raise them with the appropriate authorities.

³⁹ [Pharmacists accuse GPs in England of scuppering Pharmacy First scheme](#), The Guardian 2024

⁴⁰ [The three reasons why the push to increase the role of pharmacies is being undermined](#), Healthwatch England 2024

Appendix 2: Demographics of Respondents

*Figures have been rounded to one decimal place, as a consequence percentages may not add up to 100%.

District	No.	Percent
Rushcliffe	138	49.3%
Nottingham City	48	17.1%
Gedling	34	12.1%
Ashfield	18	6.4%
Broxtowe	16	5.7%
Mansfield	9	3.2%
Newark & Sherwood	9	3.2%
Bassetlaw	2	0.7%
Outside of Nottinghamshire	6	2.1%
Prefer not to say	0	0
Total answered	280	100%
Not answered	4	

Table 1 – source all respondents (n=284)

Age Groups	No.	Percent
Under 16	1	0.4%
16-24	4	1.5%
25-34	16	5.9%
35-44	33	12.1%
45-54	44	16.2%
55-64	44	16.2%
65-74	51	18.8%
75-85	74	27.2%
85+	5	1.8%
Total answered	272	100%
Not answered	12	

Table 2 – source all respondents (n=284)

Gender Identified as	No.	Percent
Woman	226	80%
Man	51	18%
Non-binary	1	0.4%
Prefer not to say	3	1.1%
Prefer to self-describe	1	0.4%
Total answered	282	100%
Not answered	2	

Table 3 – source all respondents (n=284)

Ethnicity	No.	Percent
White (including British, Irish and other White)	243	88.4%
Asian (including South Asian)	16	5.8%
Black	5	1.8%
Mixed / Multiple ethnic	3	1.1%
Other	3	1.1%
Prefer not to say	3	1.1%
Arab	2	0.8%
Gypsy or Traveller	0	0
Total answered	275	100%
Not answered	9	

Table 4 – source all respondents (n=284)

Is English your first language?	No.	Percent
Yes	267	95%
No	13	4.6%
Prefer not to say	1	0.4%
Total	281	100%
Not answered	3	

Table 5 – source all respondents (n=284)

Are you a carer for anyone?	No.	Percent
No	219	78.8%
Yes	53	19.1%
Prefer not to say	6	2.2%
Total	278	100%
Not answered	6	

Table 6 – source all respondents (n=284)

Are you cared for by anyone?	No.	Percent
No	247	88.2%
Yes	27	9.6%
Prefer not to say	6	2.1%
Total answered	280	100%
Not answered	4	

Table 7 – source all respondents (n=284)

Illness/impairment	No.	Percent
Long term health condition	124	46.4%
Physical or mobility impairment	59	22.1%
Mental health condition	43	16.1%
Sensory impairment	26	9.7%
Learning disability or difficulties	5	1.9%
Others	14	5.2%
Prefer not to say	10	3.8%
None of the above	86	32.2%
Total answered	267	100%
Not answered	17	

Table 8 – source all respondents (n=284)

Note: People had the option of choosing more than one condition from the above list, hence the numbers against each add up to more than the total number of respondents

Disability Count	No.	Percent
Number of respondents reported to be living with disability or impairment	171	60.2%

Table 9 – source all respondents (n=284)

Note: This is a calculated measure based on the number of respondents who indicated they live with a disability/impairment

Appendix 3: The Survey



A community pharmacy (chemist) is a place where you get your medicines from, either prescription or non-prescription. This could be the pharmacy on your high street, in a large supermarket, or a chain pharmacy such as Boots, Lloyds, etc.

We would like to understand your experience of using community pharmacies to help us identify any challenges and make recommendations for improvement.

**In completing this short survey, you are consenting to allow us to collect and analyse your data. Please be assured that your data will remain anonymous and will be processed in accordance with GDPR norms. You will not be asked for any personally identifiable information, such as your name, date of birth or hospital numbers. Please ask to see our Privacy Policy for more information.*

1. Have you used a community pharmacy (chemist) in the past 12 months?
 Yes (If Yes, move onto Question 2) No (If No, skip to demographics)
2. What way do you prefer to access your pharmacy?
 Physically (In-person)
 Online (Including by phone)
 Both

3. How convenient do you find it to access your preferred pharmacy?

- Very easy Easy Okay Difficult Very difficult

What makes it convenient/ inconvenient for you?

4. Have you had any problems with the supply of the medicines you need?

- Yes No Not sure

If yes, then how has this affected you?

5. If you are prescribed medicines, are they dispensed in a way which meets your needs?

This could include reasonable adjustments such as large print labels, easy open containers, multi-compartment compliance aids or blister packs, reminder charts, etc.

- Yes No Not applicable

Please tell us more:



6. If you pay for your prescriptions, are any of these true to your experience (Please tick all that apply)

- I don't pay for my prescription
- I don't have any issues paying for my prescriptions
- I sometimes cannot afford to get my prescription filled
- I may delay filling my prescription till I can afford it
- I can only afford to get some items from my prescription (not all that were prescribed)
- I can only afford medicines for some of my family members
- I face other challenges (please describe):

7. Have you heard of the recent Pharmacy First scheme for Community Pharmacy?

- Yes No

If yes, could you tell us how you got to know about it?

Pharmacy First is a scheme that was introduced in January 2024 to enable community pharmacists to directly provide prescription-only medicines (including antibiotics and antivirals) for treating seven common health conditions. These conditions are sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women. In such conditions, the pharmacist can diagnose and give medicines for treatment, without the need to visit a GP.

This builds on the consultation service that community pharmacists have been providing along with providing a more convenient way of accessing healthcare that includes support with healthy eating, exercise, stopping smoking, monitoring your blood pressure, contraception, flu and covid vaccinations.

If you would like to know more about the Pharmacy First Scheme, please visit <https://healthmedia.blog.gov.uk/2024/02/01/pharmacy-first-what-you-need-to-know/>

8. Have you used/tried to use Pharmacy First?

Yes

No

Not sure

Please share your thoughts about your experience?

Demographic Questions

Please tell us a little about you.

The following questions are optional, collecting further information about you helps us understand whether the people we are in contact with reflects everyone living in Nottingham and Nottinghamshire.

1. In which area do you live?

- Ashfield
- Gedling
- Nottingham City
- Outside of Nottinghamshire
- Bassetlaw
- Mansfield
- Rushcliffe
- Broxtowe
- Newark & Sherwood

2. What gender do you identify as?

- Woman
- Man
- Non-binary
- Prefer not to say
- Prefer to self-describe (please describe below)

3. Your age

4. What is your ethnic group?

- Arab
- Black
- Mixed/ Multiple Ethnic
- White (including British, Irish and other White)
- Prefer not to say
- Asian (including South Asian)
- Gypsy/ Traveller
- Other

5. Is English your first language?

- Yes No Prefer not to say

6. Do you consider yourself to be a carer? (A carer is anyone, including children and adults, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid)

- Yes No Prefer not to say

7. Are you cared for by anyone? (paid or unpaid)

- Yes No Prefer not to say

8. Do you live with any of the following? (Please tick all that apply)

- Physical or mobility impairment
 Sensory impairment
 Learning disability or difficulties
 Mental health condition
 Long term health condition
 Prefer not to say
 None of the above
 Other (please specify)

If you would like to receive a copy of the report once it's published, please leave your email address below:

Thank you for your participation.
Your feedback helps us to make services better!



Acknowledgements

**We would like to thank everyone involved in this project.
To all those who participated in our survey, thank you for
giving up your time to share your stories with us.
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