



Community Pharmacy in Hertfordshire: Improvements and potential

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1. Key themes

Using an online survey, one-to-one interviews and focus groups, we identified the following key themes:



The use of pharmacies was high among residents, with almost ¾ of the people we heard from using pharmacies monthly. 96% used pharmacies to collect prescription medication, but many residents also relied on them for over-the-counter medication, vaccinations and health advice.



There is limited public awareness of the full range of pharmacy services, including NHS Pharmacy First. Residents also pointed out that pharmacies are not 'universal services'; experiences varied significantly across locations, creating confusion for patients and unequal access to services.



96% felt that their pharmacy was easily accessible. Pharmacies were widely valued for their walk-in flexible hours and are often seen as more accessible than GP services. However, tailored communication that supports those with additional needs and language barriers is needed for the partially sighted, blind and deaf communities.



Many residents had been using the same pharmacy for many years, developing trusting relationships with their pharmacist. Personalised service, where staff understood their medical history and individual needs, was seen as a unique service that pharmacies possess in the healthcare system.



Pharmacies were a trusted pillar of the primary care system and residents had high levels of trust in their ability to manage minor ailments and new medications. However, confidence was lower in managing long-term and complex conditions, new health concerns and children's health.



Residents had mixed views on whether pharmacies offered a personalised service. Some residents had been using the same pharmacy for many years, developing trusting relationships with staff that understood their medical history and individual needs. In contrast, due to rotating staff and high workloads, some experienced a lack of personalised care.



Residents expressed mixed views on whether the role of pharmacies should be expanded; some saw pharmacies as an 'untapped' or 'underused' resource that is not given the space to use their expertise. However, some thought pharmacies were already overstretched and unable to provide additional support.

2. Recommendations

Below is a list of recommendations that reflect the key findings identified during our engagement period, comprising both our survey responses and case studies. They highlight key priorities for how we can improve experiences of community pharmacies and create better health outcomes for residents in Hertfordshire:

Awareness and Public Understanding: Increase awareness of the range of services pharmacies can provide and their role within the wider NHS system.

- Use clear and visible promotion: Posters in pharmacies, GP practices and community settings, In-pharmacy advertising of available services and information within GP practices outlining what pharmacies can offer.
- Improve transparency around costs associated with pharmacy services.
- Build public trust in pharmacy expertise, particularly in supporting long-term conditions, children's health and new or minor health concerns.
- Strengthen digital visibility: Improve pharmacy websites, deliver targeted social media campaigns and encourage GP practice websites to clearly signpost pharmacy services.

Workforce Stability: Addressing high staff turnover.

- Address high staff turnover to ensure continuity of care and maintain patient trust.

Privacy and Confidentiality: Ensure patient confidentiality is consistently upheld.

- Ensure pharmacies have accessible and appropriately sized consultation rooms.
- Ensure no private information is shared in earshot of other customers.

Role of Pharmacy in the System: expanding the roles of pharmacy, where possible.

- Support GP practices to actively direct patients with minor ailments to pharmacies.
- Expand the prescribing role of pharmacists where appropriate, enabling them to take on greater clinical responsibility.

Accessibility and Service Provision: Improving access to services and treatment.

- Improve opening hours to better meet patient needs.
- Ensure all patients are offered regular medication reviews where appropriate.

Supporting Blind people, people with vision loss, hard-of-hearing and D/deaf people: Improving training for professionals and communication methods.

- Provide training for healthcare professionals on supporting blind people, people with vision loss, hard-of-hearing and D/deaf patients.
- Improve communication methods: Offer text or email notifications when prescriptions are ready, as alternatives to the NHS App.

- Ensure accessible environments and practices: Avoid covering braille on medication packaging, maintain good lighting and clear face visibility to support lip reading, use simple, clear language in communication and increase staff awareness of how to book interpreters.

Young People's Experience: Raising awareness among young people and adapting services.

- Create more welcoming environments for young people, including the use of brighter and more engaging spaces.
- Ensure young people are addressed directly in consultations, even when attending with a parent or guardian.
- Improve education and engagement: Use social media and accessible, informal communication styles and raise awareness of pharmacy services among younger audiences.

Collaboration and Integration: Strengthening collaboration and communication between healthcare services.

- Strengthen communication between pharmacies and GP practices.
- Improve patient experience through: Clear updates on prescription status, timely dispensing and delivery of medications and better responsiveness from GP practices to medication queries.
- Encourage pharmacies to proactively signpost patients to alternative locations when medicines are out of stock.

3. Background

3.1. About Healthwatch Hertfordshire

Healthwatch Hertfordshire represents the views of people in Hertfordshire about health and social care services. We provide an independent voice evidencing patient and public experiences and gathering local intelligence to influence service improvement across the County. We work with those who commission, deliver and regulate health and social care services to ensure the people's voice is heard and champion and enable the work that addresses gaps in service quality and/or provision.

3.2. About the Hertfordshire and West Essex Integrated Care System¹

The Hertfordshire and West Essex Integrated Care System (ICS) was established as a statutory body on 1 July 2022. Integrated Care Systems are geographically based partnerships that bring together providers and commissioners of NHS services with local authorities and other local partners to plan, coordinate and commission health and care services.

3.2.1. Integrated Care Board

The Integrated Care Board (ICB) was the statutory NHS organisation responsible for the strategic planning, commissioning and allocation of NHS resources, including across Hertfordshire². In 2025, the ICB began a significant reorganisation in response to national NHS requirements to streamline systems and reduce costs.

On 1 April 2026, NHS Central East ICB became the strategic commissioner for NHS services in Hertfordshire, Bedfordshire, Luton, Milton Keynes, Cambridgeshire and Peterborough, serving 3.5 million people and taking on the functions of the three previous ICBs³.

3.2.2. Integrated Care Partnership

The Integrated Care Partnership (ICP) was stood down when the changes to the local ICB infrastructure were made but was previously made up of representatives from different organisations involved in health and care, including the NHS, local authorities and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector³.

3.2.3. Hearing patient views

Healthwatch Hertfordshire and Healthwatch Essex have been commissioned by the Hertfordshire and West Essex ICB Primary Care Transformation Committee to undertake a series of research and engagement projects. The aims of the projects include:

- Gathering lived experience to feed directly into the committee.
- Supporting and enabling Hertfordshire and West Essex ICS to achieve wider participant engagement.

¹ [Integrated care systems: how will they work under the Health and Care Act? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/integrated-care-systems-how-will-they-work-under-the-health-and-care-act)

² [Health and wellbeing decisions – Hertfordshire and West Essex Integrated Care System \(hertsandwestessexics.org.uk\)](https://www.hertsandwestessexics.org.uk/health-and-wellbeing-decisions-hertfordshire-and-west-essex-integrated-care-system)

³ [Changes coming to your ICB – Herts and West Essex ICS](https://www.hertsandwestessexics.org.uk/changes-coming-to-your-icb-herts-and-west-essex-ics)

- Engaging patients and the public on programs covering key priorities and areas of importance at a regional and local level.
- Making recommendations to the committee so improvements can be implemented.

Using patient and public feedback, each project will focus on improving the relevant service(s) within different areas of primary care by making recommendations.

From October 2025 to March 2026, the Director of Primary Care Transformation at the ICB requested Healthwatch Hertfordshire and Healthwatch Essex engage with local people about community pharmacy services.

4. Aims and methodology

4.1. Aims

The aims of this engagement were as follows:

- Understanding how Hertfordshire residents use community pharmacies.
- Understanding barriers preventing residents from using their community pharmacy.
- To explore residents' confidence when using community pharmacies.

4.2. Methodology

A mixed-methods approach was employed, incorporating a quantitative survey to identify key trends and patterns. This was complemented using qualitative methods to capture individual stories and experiences in more detail. We used focus groups (online and/or in-person) and one-to-one interviews to engage with residents.

The engagement period for the survey ran from **October 2025 to February 2026**. The survey was promoted via social media and shared with the NHS, other statutory services and the Voluntary, Community, Faith and Social Enterprise sector across Hertfordshire via their networks, contacts and social media channels.

Our communications encouraged people from typically underserved communities to complete the questionnaire.

Through the online survey, we engaged with **319** Hertfordshire residents.

Through one-to-one interviews, we spoke to an additional **36** Hertfordshire residents.

As part of our qualitative engagement, we also wanted to hear from underserved groups. Therefore, we did additional engagement with:

- **9** young people
- **10** people from the blind/ partially blind community
- **8** people from the deaf community

5. Literature review

5.1. Context

Community pharmacy is a term used to describe an independent business that provides both private services and services commissioned by the NHS⁴.

Community pharmacies are one part of the 'four pillars' of the primary care system in the UK, alongside general practice, optical services and dentistry⁴. You can find pharmacies on many high streets and in supermarkets. With **90%** of the population in England living within a 20-minute walk of a pharmacy, this figure rises to almost **100%** in areas of the highest deprivation⁴. Pharmacies see 1.6 million people a day⁵.

Perceptions

The UK population is generally satisfied with pharmacy services and reports positive experiences of using pharmacies⁵. Recent data showed **91%** of people felt they received good advice from their community pharmacy⁵. Additionally, **77%** felt confident in a pharmacist prescribing medication independently of a doctor or nurse⁵. However, this falls to **56%** if the person has not taken this medication before⁵.

A nationwide report from 2017⁶ found that, although pharmacy services were generally viewed positively, the clinical expertise of pharmacists was often under recognised by both patients and other NHS clinicians. The report also highlighted that pharmacists were not perceived as being able to offer advice and care equivalent to other healthcare professionals, which negatively affected public perceptions of using community pharmacy services⁶. This lack of trust stemmed from concerns about potential commercial or financial influences, as well as limited understanding of pharmacists' training and qualifications⁶.

Role of the pharmacy

The pharmacy provides services to support its local community. Community pharmacies offer many NHS services such as⁷:

- **Dispensing and prescribing medications**

Dispensing is an essential service provided by community pharmacies, which involves receiving and reviewing prescriptions (paper or electronic), including checking for legality, safety and appropriateness and then preparing, packaging, labelling medicines, performing accuracy check(s) and supplying them to a patient, accompanied by clinical advice.

- **Emergency care**

Pharmacies are at times contracted to support patients who are referred to them by NHS 111⁷.

- **Collaborating**

⁴ [Community Pharmacy Explained | The King's Fund](#)

⁵ [Learn more about community pharmacy - Community Pharmacy England](#)

⁶ [Patient and public perspectives of community pharmacies in the United Kingdom: A systematic review](#)

⁷ [The Role of Pharmacists in Your Healthcare - NHS GP](#)

Pharmacists often collaborate with health professionals, particularly in the community when delivering community care⁷.

- **Advice**

Pharmacies play a pivotal role in offering advice on common illnesses and medications⁸. Community pharmacies often support patients with complex medication regimens, ensuring efficient use of medicines¹⁰.

- **Clinical services**

Pharmacies provide clinical services, such as health checks and vaccinations⁹. Pharmacies also deal with minor issues, such as common colds, headaches, migraines, skin issues and common health complaints in children, such as headlice¹⁰.

From 2026, emergency contraception will be available in community pharmacies and the human papillomavirus (HPV) vaccination will also be available for women and young people¹¹.

There are 'advanced' (optional) services which pharmacy owners can choose to provide as long as they meet the requirements, including:

- Blood pressure check service
- Lateral Flow Device (LFD) Service
- New Medicine Service (NMS)
- Pharmacy Contraception Service (PCS)
- Pharmacy First service
- Seasonal Vaccination Services
- Smoking Cessation Service (SCS)
- Stoma Appliance Customisation (SAC)

- **Pharmacy first**

With the Pharmacy First service, you can visit your local pharmacy for expert advice and treatment for many common conditions, without the need to wait for a GP appointment. It's fast and convenient, with trained pharmacists who can provide prescription-only medicines such as antibiotics¹²: The conditions a pharmacist can support with are as follows:

⁸ [How pharmacies can help - NHS](#)

⁹ [NHS 10-year plan and pharmacy | RPS](#)

¹⁰ [The Role of Pharmacists in Your Healthcare - NHS GP](#)

¹¹ [NHS England tells care boards to 'maximise' Pharmacy First in planning guidance - The Pharmaceutical Journal](#)

¹² [NHS England » Pharmacy First](#)

Clinical pathway	Age range
Acute otitis media*	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

This initiative was introduced in January 2024 to support the public to approach their pharmacy first¹⁵.

6. Survey demographics



Age

4% (10) are aged 18–34
22% (64) are aged 35–54
47% (146) are aged 55–74
28% (86) are aged over 75
12% (6) preferred not to say



Gender

73% (229) are female
24% (76) are male
1% (2) are non-binary
2% (6) preferred not to say



Ethnicity

80% (249) are white British
16% (61) are of an ethnically diverse background



Long-term condition

51% (158) have a long-term condition



Carer

19% (58) are a carer



Disability

20% (62) have a disability

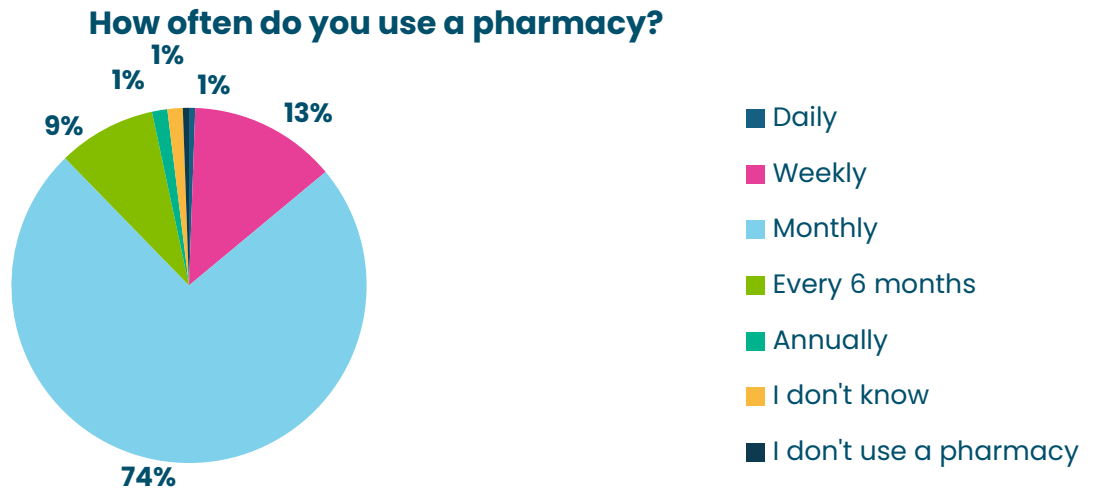
Financial position



4% (13) said they faced difficulties over the last 12 months affording the cost of their prescription
5% (16) said they faced difficulties over the last 12 months affording the cost of their over-the-counter medication
3% (9) faced challenges affording both their over-the-counter medication and prescription

7. Key findings

7.1. How often participants use a pharmacy

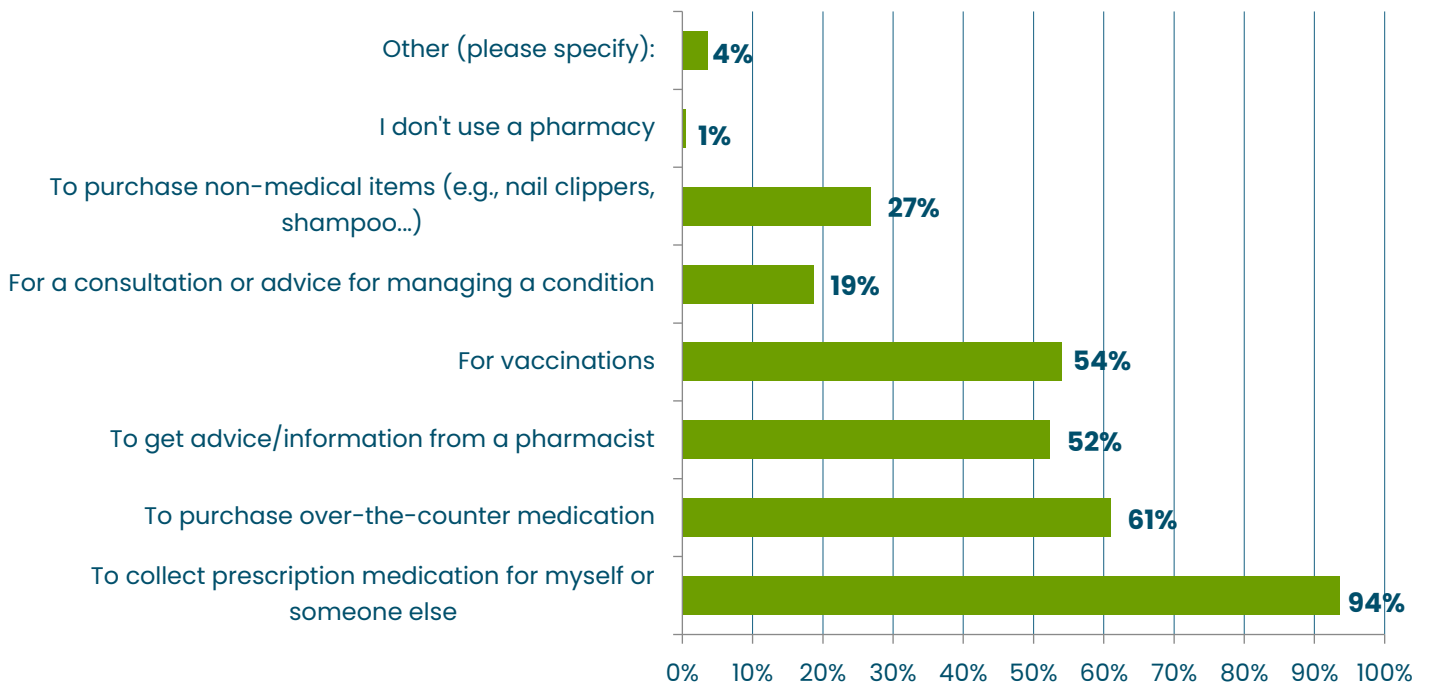


Number of respondents: 358

Most visit a pharmacy every month, with **74%** (264 respondents) using their local pharmacy monthly, **13%** (48 respondents) weekly and **9%** (32 respondents) every six months.

7.2. Reasons participants use a pharmacy

Why do you tend to use a pharmacy? Please tick all that apply.



Number of respondents: 357

The majority (**94%**, 334 respondents) use pharmacies to collect prescription medication. Over half (**61%**, 218 respondents) also use them to purchase over-the-counter medication and to get advice or

information from a pharmacist (**52%**, 187 respondents). Vaccinations are another common reason (**54%**, 193 respondents), while consultations or advice for managing a condition are slightly less frequent (**19%**, 67 respondents).

Pharmacies were used for a range of services beyond prescriptions, with **27%** (96 respondents) purchasing non-medical items such as toiletries or personal care products. A very small proportion (**4%**, 13 respondents) reported other unspecified reasons, such as routine checks like blood pressure or ear syringing.

Delivery services were especially important for those who were housebound or unable to access GP appointments promptly. Concerningly, one resident reported lasting trauma from a past incident of racial profiling and now relies entirely on online healthcare due to anxiety about visiting local pharmacies.

Interview data

Uses of pharmacy

The interview data reflected that many regularly use the pharmacy. Most also used their pharmacy for repeat prescriptions and seeking advice about medical conditions. It was also common for participants to use a combination of different pharmacies for different things. Some used whatever pharmacy was most convenient.

Similarly, the interview data also reflected that many used pharmacies for advice and that pharmacies were frequently viewed as a source of reassurance, particularly when their GP practice was unavailable. Residents praised pharmacies for the tailored advice they offer about prescription medications. They also noted the pharmacy's ability to advise on minor ailments they would not want to visit the GP for, with many using the pharmacy as a 'first port of call' for these issues. Pharmacies were also commonly used for flu injections, COVID-19 vaccines and travel injections.

"One occasion this year, I wasn't convinced by the information given to me by my GP's pharmacist, so I went to the local pharmacy and asked the same question there and felt much more reassured."

"Is a source of support when your doctor is not available, my pharmacy when I talk to them, sometimes they say not to worry, sometimes they say they can give me something to tide me over until I can speak to a doctor, it's just an extra source of support.... if I can ring up and say I have been to the pharmacist already- so they know you are not coming in for something silly and that you have done that bit of triage already."

"There's been several instances when I'm picking up prescriptions for myself from my pharmacy and they say, oh well you shouldn't be taking that with that and that would help sort it out- so, there was a bit of prevention as well."

The role of pharmacy in wider system

Residents were at times confused over what pharmacies can and can't offer. Some expressed concern that people do not clearly understand the role of pharmacies compared with GP practices and assume

pharmacies function like GPs, have access to GP records and can change prescriptions. Residents also noted that pharmacies are not “universal” services, so it can be confusing for the public to know which services are offered at separate locations.

There was also a concern that patients are expected to navigate the complex NHS system without support/ guidance, for instance, having to research pharmacies and bring their own records. Referral pathways within the NHS were often unclear, contributing to unnecessary visits to A&E or other inappropriate services.

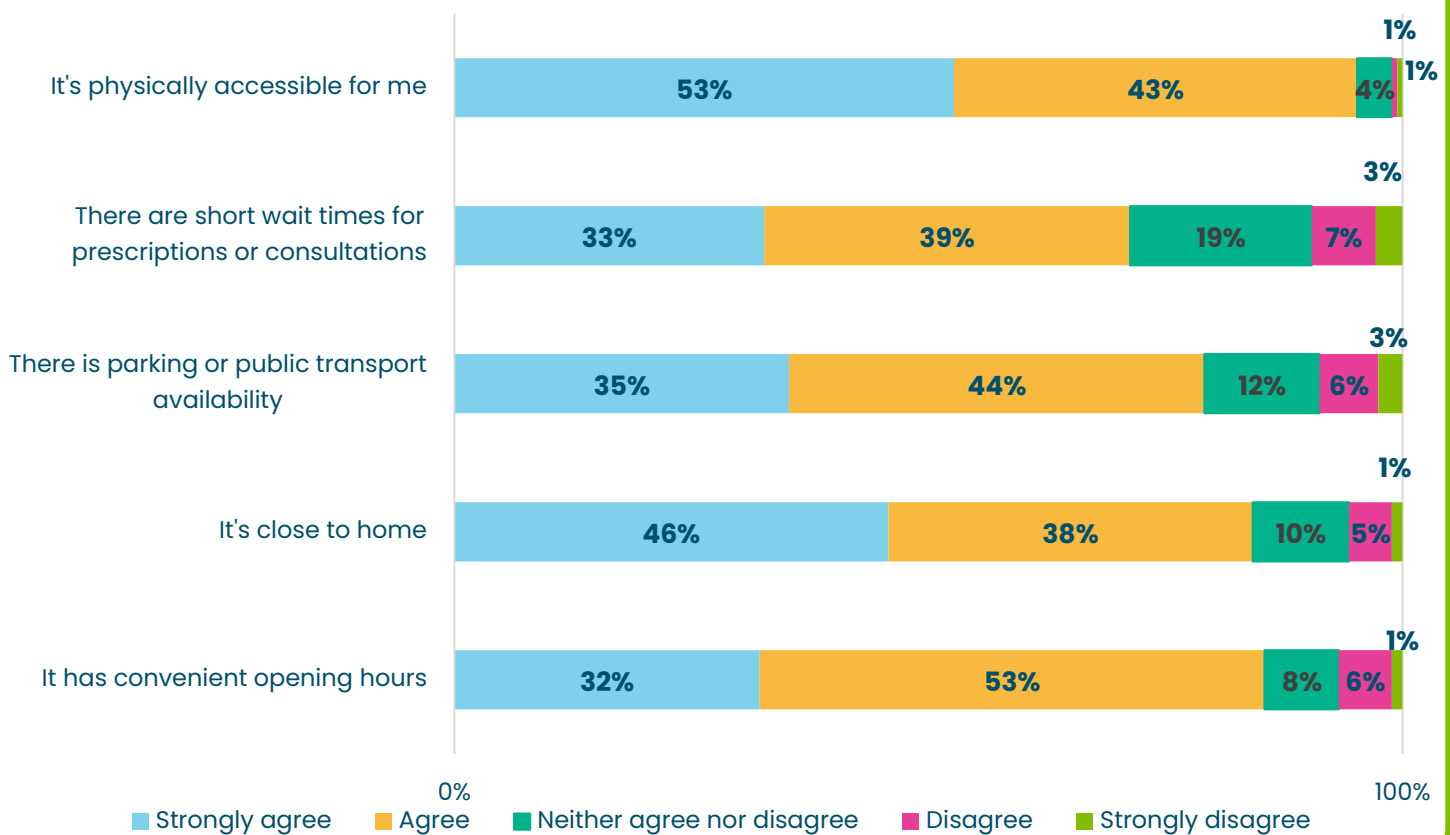
“Each of them is their own business and each of them has their own voice and their way of doing things- and you have equally the same situation where pharmacists and pharmacies are independent businesses - and people don't really, you haven't got a trade union representation on behalf of pharmacies as a whole that is taken seriously.”

“They are also reliant on the quality of communication that is that comes out of the NHS itself to people to say be aware that, you know, if you go to a travel clinic at your local pharmacy, you're likely to have to pay for certain things or don't make the assumption, um, that the pharmacist will have got the complete breakdown of all of the prior vaccinations that you've had at your GP practice.”

“I think having a list, because more recently, we've had lists of what the chemist can actually provide, you know, it's things like the cream for thrush and also, what they can't provide. I can't go there for a urinary tract infection because I'm over 65.”

7.3. Accessibility of pharmacies

To what extent do you agree with the following statements about accessing your local pharmacy?



Number of respondents: 358

96% (338 respondents) felt that their pharmacy was physically accessible. **46%** (162 respondents) strongly agreed it was close to home and **38%** (136 respondents) agreed. Most also felt the opening hours were convenient (**32%**, strongly agree, 115 respondents, **53%** agree, 190 respondents) and that there was parking or public transport available (**35%** strongly agree, 125 respondents, **44%** agree, 155 respondents). Fewer people strongly agreed that wait times for prescriptions or consultations were short (**33%** strongly agree, 116 respondents, **39%** agree, 137 respondents) and more residents were neutral on this point (**19%**, 68 respondents).

Interview data

Residents appreciated the speed and ease of access to pharmacists, highlighting the shorter wait times compared to GP appointments; with some finding certain services, such as prescription collection and vaccinations, more convenient than visiting a GP.

"I even had my vaccinations done there as well this year, so I didn't even bother going to my GP surgery, just going to the pharmacy, booking a time, all done. Really, the service is fantastic, it's exactly what I'd want or expect from a local pharmacy."

“Yeah, they’re open. You can get much easier than the doctors sometimes, because the doctors can be a bit awkward, you know...getting an appointment or it’s worth going and asking 1st sort of thing.”

Opening times were important to residents; with many sharing they appreciated that pharmacies stayed open late at night or on weekends. A key access issue identified was fees and a lack of transparency surrounding costs, with some residents hesitant to visit a pharmacist for things they could get for free from their doctor. A common limitation was the cramped conditions in pharmacies, e.g., makeshift private rooms for injections.

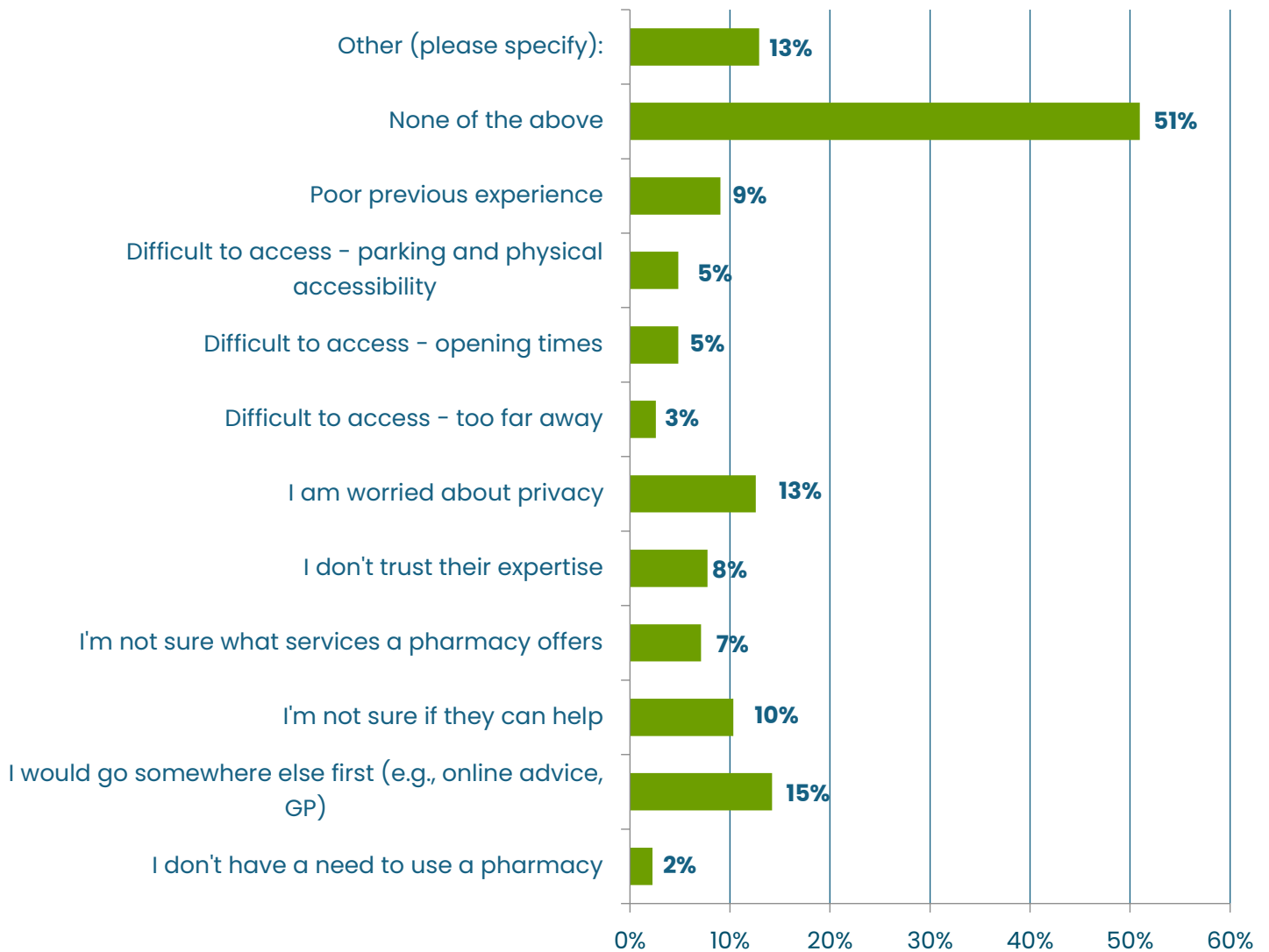
“For you know, because of the price of the prescriptions, it’s that, that sort of things is... harder to get and some things are on free prescriptions, some things I think, well, why should I pay for it when I can get it free from the doctor?”

“Yes and opening times are sometimes difficult as well. Yeah, having this, oh, the one I actually go to, but it’s, um, it’s a late night, it’s open till 10.”

“Sometimes when you go to your pharmacist, they can give you something, but you have to pay for it, which is a bit of a blow considering I’m saving them a doctor’s appointment.”

7.4. Reasons not to use a pharmacy

Are there any reasons why you would not use your local pharmacy?



Number of respondents: 310

When asked why they might not use their local pharmacy, most (**51%**, 158 respondents) didn't have any reason not to use a pharmacy. Other notable reasons included going somewhere else first, such as online or a GP (**14%**, 44 respondents), concerns about privacy (**13%**, 39 respondents) and uncertainty about whether the pharmacy can help (**10%**, 32 respondents). Fewer people mentioned not knowing what services are offered (**7%**, 22 respondents), not trusting their expertise (**8%**, 24 respondents), or difficulty accessing the pharmacy, either due to location (**3%**, 5 respondents) or opening times (**5%**, 15 respondents). Only a small proportion (**2%**, 7 respondents) reported that they don't need to use a pharmacy.

Interview data

Some raised concerns about the limitations in the service provided by pharmacies. Issues with dispensing medication were mentioned, including occasional concerns about over-dispensing of medication. Residents also highlighted instances where they received the wrong medication. A small

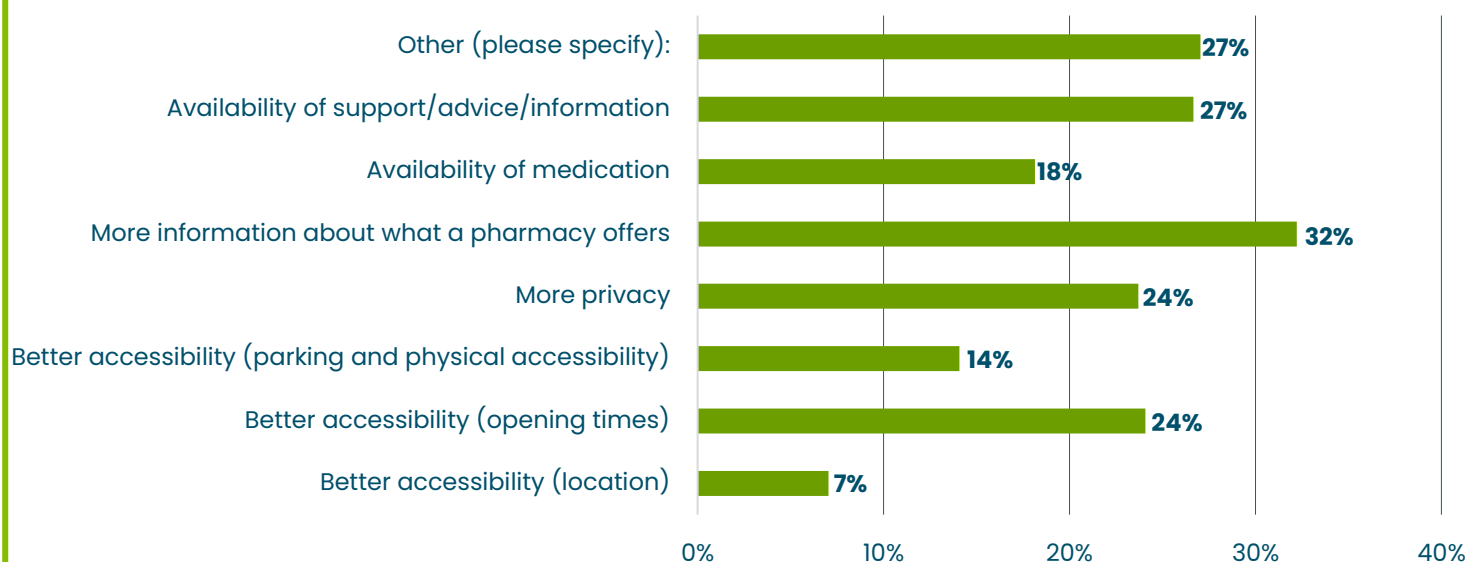
number reported reluctance from pharmacists to prescribe certain medications. Additionally, in some cases, residents felt that pharmacies were not consistently offering the full range of services they were expected to provide.

“Medications are being over-dispensed, whereas it would probably save everybody, including the NHS, if things were taken off record, or pharmacists understood that if the patient said they don’t need it that week, they don’t need it.”

“I think that they’re cherry picking as to what they will offer that they’re funded for or what they’re not.”

7.5. How to improve use of pharmacies

How to improve the use of pharmacies



Number of respondents: 270

When asked what would help them use a pharmacy more often:

- **Information:** The most cited factor was more information about what a pharmacy offers (**32%**, 87 respondents).
- **Advice and information:** this was followed closely by better access to support, advice, or information (**27%**, 72 respondents).
- **Better accessibility:** **24%** wanted better opening times (65 respondents), **14%** wanted better physical accessibility, including parking (38 respondents).
- **Privacy:** **24%** wanted more privacy (64 respondents).

- **Availability of medication (18%):** This included more efficient prescription handling, yearly medication reviews and advice on long-term prescriptions (49 respondents).
- **Location convenience (7%)** was also noted (19 respondents).
- **27%** of residents selected other. Other suggestions included:
 - **Availability of treatment:** Ability for pharmacists to treat more, provide first aid advice and apply dressings for wounds.
 - **Staff:** Information about pharmacist qualifications and experience; Friendlier, politer and more helpful staff; Consistent staff members.
 - **Costs:** Reduced costs, particularly for non-prescription items; the ability to receive prescribed medications free for eligible groups (e.g., over 60).
 - **Consultation:** Improved privacy and consultation space (consultation rooms not used as storage); Easier one-to-one consultations (without queueing).
 - **Communication:** More proactive use of messaging systems for ready prescriptions; Clear communication about waiting times.

It is worth noting that **10%** (14) of residents stated they wouldn't change anything about their pharmacy and were very satisfied with the care they received.

Interview data

Expanding the role of pharmacies

Residents expressed that pharmacies are an 'untapped' or 'underused' resource and that pharmacies are not given the space to use their expertise. Many regarded Pharmacy First positively as a way to reduce GP workload.

"My feeling is that you've got a great resource, but it's, we're really not making the best of it. And it can reduce the burden on GP practices."

"You've got really well-qualified pharmacists in pharmacies, high street pharmacies, who somehow don't get the chance to exercise the skills and knowledge that they have."

Residents raised concerns that pharmacies taking on more workloads could overstretch staff and residents questioned whether smaller pharmacies had the capacity to take the added workload. Some told us pharmacies already seemed to be at full capacity. Some also raised that pharmacists don't receive enough funding to take on more work.

"I don't think they have the capacity to be frank. I mean, right now, I mean, they are like they, like I said, the Boots, they're quite stressed, no, not in an awful way. You know, you know, they're nice people in the working, but there are a lot of people with a lot of medications to be getting out."

“If they’re taking on too much, you know, I know there’s been a push of some of the roles that would have been done by the GP to be done by pharmacists and I just wonder at some point there’s going to be some capacity issue.”

As pharmacies have greater knowledge of medications and their interactions, residents suggested that pharmacists should have more freedom to prescribe, especially for those with comorbidities. Particularly, as GPs often have limited knowledge of medications, they may not understand that medication might not be suitable for certain conditions.

“They are incredibly well placed, often better than the GPs themselves, to say, you know, particularly with complex patients, to understand the nuances of how prescribing requirements can help or change or the impact of increasing X on Y and so on- and also to reduce the number of medications where they can have a negative impact.”

“No, I don’t really think there are any issues that I can see apart from the fact that the premises need to be bigger...But that’s, you know, that’s just the way it is, you know, particularly with injections.”

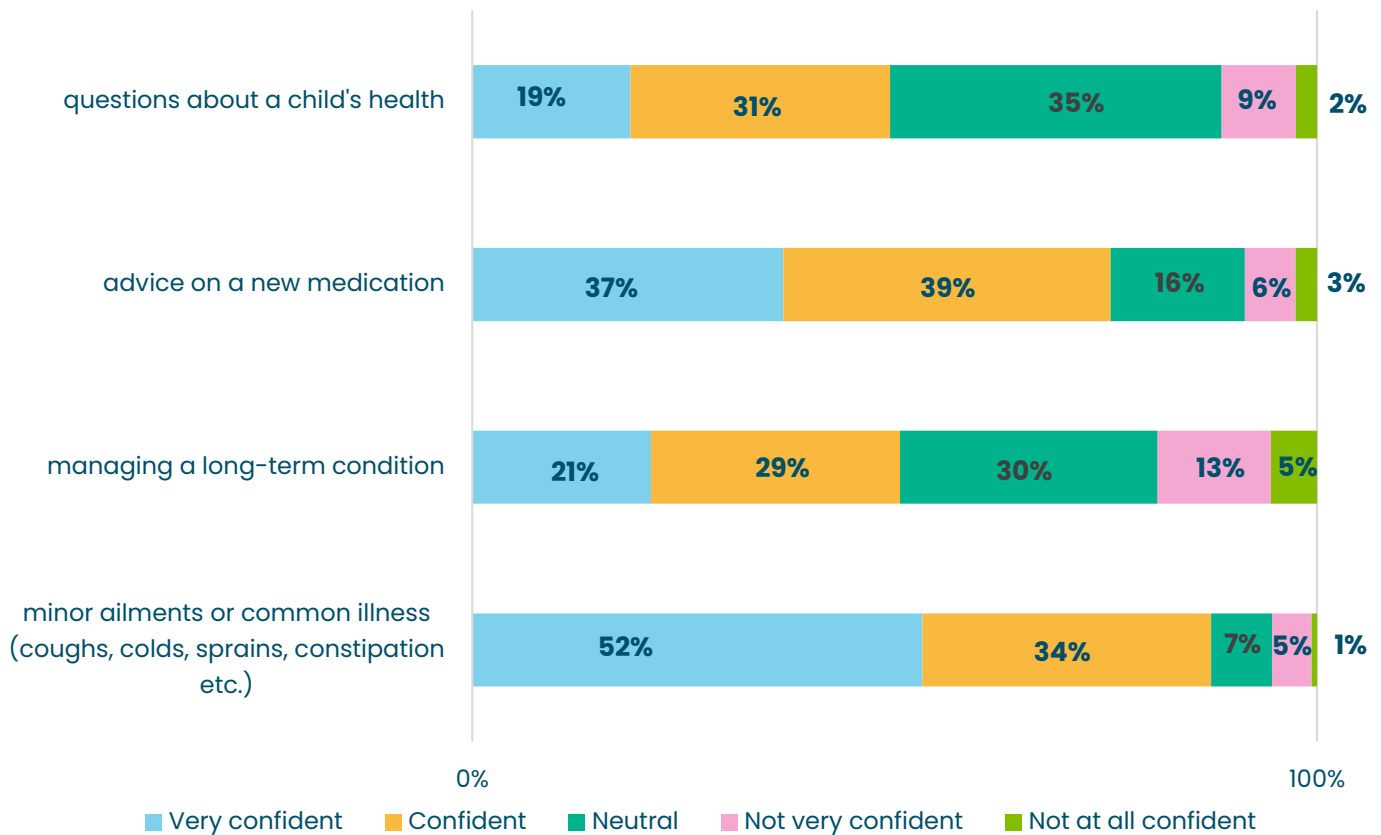
To empower pharmacists and expand the services they offer, there was a suggestion for GPs to direct patients with minor ailments to pharmacies. Additionally, a common suggestion was for pharmacies to triage patients to the GP to reduce wait times for treatment.

“I think doctors’ surgeries should turn people away for these minor ailments and just say go to your local pharmacy, it’ll be quicker.”

“One of the things that might work well, it won’t work because it will never, it will never be done, is actually make the pharmacy the first point of call for everything and then they can refer you to a GP if they think your problem is serious.”

7.6. Confidence in pharmacists

How confident would you feel discussing the following things with your pharmacist?



Number of respondents: 319

Residents felt most confident visiting their pharmacy for minor issues, but less confident with complex or child-related concerns. People were most confident discussing minor ailments, with approximately **53%** (170 respondents) being very confident and **34%** (109 respondents) being confident. For new medications, confidence was also high (**38%**, 37 respondents, were very confident, **39%**, 122 respondents were confident). Confidence dropped for long-term conditions (**21%**, 66 respondents, were very confident, **29%**, 92 respondents, confident) and was lowest for questions about a child's health (**19%**, 53 respondents, were very confident, **31%**, 87 respondents were confident and **39%**, 111 respondents were neutral).

Interview data

Most felt confident going to their pharmacy, especially for minor ailments. There was a view that, as pharmacies deal with fewer conditions than a GP, they are more specialised in those specific conditions. One resident had heart problems and stated that they only felt comfortable going to the pharmacist for more minor ailments, such as having a sore throat.

Some thought there was a misconception that pharmacists are less trained than other healthcare professionals.

“Pharmacist training is, you know, it's quite skilled and I think I mean I think what people don't necessarily recognise.”

“I don't think I'll be any less confident than the advice I've received from a GP... the limits of what they can do. And again, that's something that might need to be clarified, that I don't see any reason why the pharmacist would be less trustworthy than the GP.”

“Anything from - I don't know, I believe they could give you nutritional advice, if you had minor complaints, ailments, anything to do with tablets, screenings, medicines. Yeah, they're very good. I find them to be more helpful than the doctors sometimes.”

Harpreet*: Pharmacies as an essential and 'underused' resource

Harpreet uses a local community pharmacy extensively to support the management of multiple long-term health conditions. They rely on the pharmacy for repeat prescriptions, vaccinations, minor ailment services, medication advice and occasional emergency medication supply when prescriptions are delayed. They use the NHS App to request repeat prescriptions, which are usually processed quickly by the pharmacy. Harpreet really appreciates how 'knowledgeable' their pharmacists are and the ease with which they can access their pharmacist.

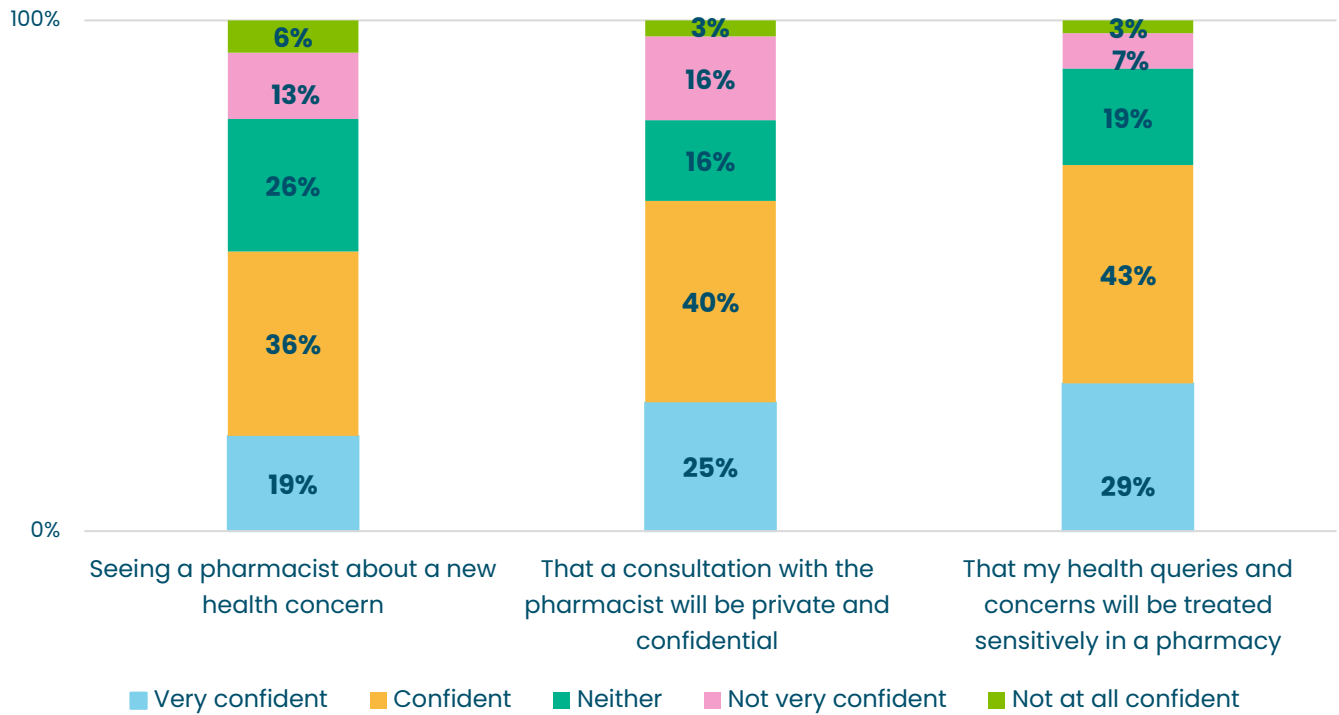
“I can't praise my pharmacy enough, these days it works in conjunction with the NHS app, so I tap on the app that I want repeat subscriptions, they get approved, they go off to the pharmacy- and within 24 hours, 48 hours maximum, they call me up to say it's ready for pick up....They are very knowledgeable, always happy to chat with me. I even had my vaccinations done there as well this year, so I didn't even bother going to my GP surgery, just going to the pharmacy, book a time, all done.”

Harpreet believes that pharmacies don't get the recognition they deserve and are an 'underused' resource.

“I think they are an underused resource. It's not their fault, it's not necessarily the government's fault, but ultimately pharmacists don't have the same recognition.”

** Name changed to protect anonymity*

How confident do you feel about the following statements?



Number of respondents: 318

Overall, people feel reasonably assured in pharmacies' abilities, but some remain cautious about privacy and new health issues. Residents were generally confident about discussing health concerns with their pharmacist, but confidence varied by topic. **72%** (205 respondents) felt confident that health queries would be addressed sensitively (**29%**, 92 respondents, were very confident and **43%**, 92 respondents, were confident). Additionally, **64%** (205 respondents) were confident regarding the privacy of consultations (**25%**, 80 respondents, were very confident and **39%**, 125 respondents, were confident). Confidence was lower for 'seeing a pharmacist about a new health concern', with only **55%** (173 respondents) comfortable seeing a pharmacist about a new health concern (**19%**, 59 respondents, very confident and **36%**, 114 respondents, confident).

Interview data

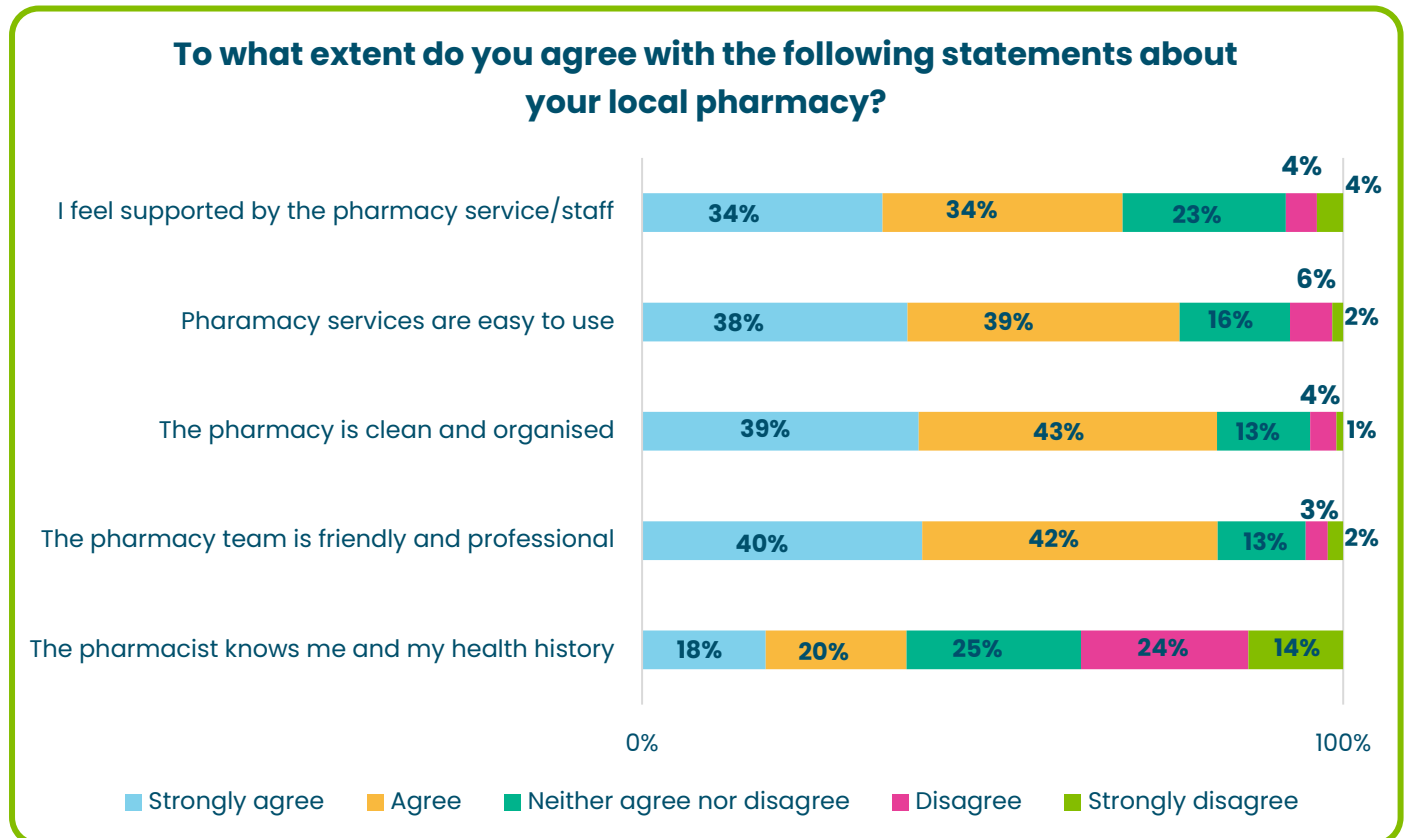
There was a concern over the level of privacy in pharmacies; many felt less comfortable in pharmacies where private consultations were often unavailable and interactions occurred in earshot of other customers. This was often the case in large commercial pharmacies, where residents raised privacy concerns. Many preferred smaller pharmacies in their community for professional advice and access to consultation rooms, which were seen as essential for discussing sensitive medical issues. Concerningly, one resident described a distressing experience at a supermarket pharmacy, where a pharmacy receptionist made an inappropriate comment about their mental health.

"You know I said I have a mental health condition - I walked into [private chain pharmacy] one day and I heard this woman behind the counter go, 'Psycho', which I wasn't very impressed about."

“I go to the pharmacist and I need to talk to the pharmacy and he takes me to the little room, even the big multiples have a little room, but I’ve never once, when I’ve gone to [supermarket pharmacy], been offered the chance to have a quiet conversation, it’s always over the counter.”

“Privacy is not so hot. Really, because you generally speak to them over the counter. And there are lots of people looking. But, you know, we do have this little room, but for instance, if that room has been used for injections and it’s not available to talk privately about.”

7.7. General experience of pharmacies



Number of respondents: 318

Most residents had positive views of their local pharmacy, with **68%**, 218 respondents (**34%**, 109 respondents, strongly agreed and **34%**, 109 respondents, agreed) stating they felt supported by the pharmacy staff and **82%**, 261 respondents (**40%**, 127 respondents, strongly agreed and **42%**, 134 respondents, agreed) sharing that the pharmacy team was friendly and professional. When asked to expand on their answer, residents praised the pharmacist for being ‘helpful’, ‘knowledgeable’ and ‘attentive’. Concerningly, a few shared that pharmacy staff were ‘rude’ or shared instances where they felt dismissed by staff.

“The staff are always attentive to you when you visit. They always have time to answer any questions you.”

“All staff are friendly and helpful. I have experience of seeking advice from them when using a prescribed medication that is new to me, always helpful, clear advice.”

Residents were slightly less confident that their pharmacist knew them and their health history; **38%**, 120 respondents said their pharmacist knew their health history (**18%**, strongly agreed, 56 respondents, and **20%** agreed, 64 respondents) and **25%** (79 respondents) felt neutral. Although some told us they had known their local pharmacist for many years and had built a trusted relationship with them, others shared that there was often high staff turnover and/or the pharmacy was very busy.

“The pharmacy is very busy and so would struggle to know any individual patient.”

“Over the years, I have built a relationship with my local pharmacist. I trust their advice and will always go to them to seek advice. They will always refer me to my GP if they feel an appointment is necessary. They refer to me by my first name and are aware of my medical condition. They are very friendly and trustworthy.”

“There is frequent senior staff turnover, meaning they don't know me as well as they might.”

77%, 143 respondents (**38%** strongly agreed, 120 respondents and **39%** agreed, 123 respondents) valued the ease with which they could use their pharmacist. Although when asked to expand on their answer, some told us they faced delays when ordering medication, at times, the medication wasn't ready. Some faced communication challenges, especially when English was not their first language.

“For the last 3 months, my monthly dosette boxes have not been ready. They automatically order it themselves, yet sadly, they have failed to do this and get it ready on time. I used to have faith in this pharmacy, which is why I stayed rather than going with one closer to my current home after I moved. However, I am now losing faith in them, too.”

“Over the last two years, dispensing has deteriorated with poor availability and I'm sure this is suppliers, but it's taken a long time for them to introduce owing/balance tickets.”

“Not native English speakers, therefore communicating my requirements or understanding their speech is difficult.”

82%, 260 respondents (**39%** strongly agreed, 125 respondents and **43%** agreed, 135 respondents) said that their office is clean and organised, although when asked to expand on their answer, a few shared that often offices and consultant rooms were cramped and in some cases 'disorganised'. A few residents faced communication challenges, especially when English was not their first language.

“My pharmacist does a great job, but the premises are not large and modern, so could not offer additional services in the current circumstances.”

“My pharmacist is very disorganised. The pharmacy has not been updated in the last 15 years. It looks very outdated compared to nearby pharmacies.”

“And consulting rooms are usually small and uncomfortable compared to those in GP surgeries.”

Interview data

The interview data revealed that residents who had the same pharmacy for many years, often 20, 30, or even 40 years, developed strong, trusting relationships with their pharmacist. This continuity of care was highly valued, with residents emphasising the importance of being personally known by their healthcare

provider, particularly for those managing long-term conditions. A personalised service, where staff understood their medical history and individual needs, was seen as a unique skill that pharmacies possess. This connection often resulted in a more tailored service, with pharmacists willing to “go the extra mile”, for example, by looking up information or arranging last-minute medication orders.

“I know of a couple of other pharmacists, not that I go to them, but that serve a community that is more elderly and these pharmacists have been going many, many, many years and they can the community that they serve, trust them, trust the pharmacists and they’ve developed a relationship. So, it works incredibly well.”

“If they don’t know something, they’ll quickly look at if they can’t find it, they’ll ring with, you know, with the answer.”

In contrast, some noted that in larger chain pharmacies, there were multiple rotating staff members and fewer staff, leading to a lack of personalised care.

“There’s a pharmacist that owns it and they have a second pharmacist, so they have that resilience, whereas I find with most multiple chains, there’s just one pharmacist.... I used to use [private chain pharmacy] a lot, but then they started changing the staff around a lot; there’s no consistency, who the clinician was, who the pharmacist was, they had them on different days.”

“If you go to use [private chain pharmacy] on my local high street, which I don’t normally go to, you will see 5 different pharmacists every different day of the week....whereas when I went to my local pharmacy and it was the same guy there, day in day out, who said, oh, hi, you know, I remember you from last time you had those X, Y and Z that you had last time.”

7.8. Spotlight on the experience of blind people and people who have low vision

We spoke to blind people and people who have low vision about their experiences of using community pharmacies in Hertfordshire. Many had negative experiences, sharing that staff only talk to the person's carer/family member/friend, rather than directly to them.

"They used to talk to me, not them. I ended up having to stand back and say 'no, it's his medication, talk to him. Not me. Even when she was talking to him then, she looked at me" (partially sighted participant talking about their experience of supporting a blind friend)

Residents shared that the process of ordering medication online is too complicated, as the NHS app is not accessible to those with screen readers. Additionally, they shared that the web form timed out, with one resident reporting they were unable to complete the form within the allocated time. These difficulties lead residents to require assistance in completing forms, which results in a loss of independence.

"The NHS app is not blind-friendly at all. I rely completely on my software, on my phone and it's so hard to find anything, there are boxes to tick that I can't do....and they put time limits on things! It times you out. With the software you have to double-tap everything. You can't do it quick!"

"When I get my prescription, they give me that little bit of paper and say, 'Sign it.' I'm like, 'where?... can you put my finger there...." And then they just whip it away, 'oh I'll just....' and then they sign it and I'm like, well, that's another bit of my independence gone because I'm not even signing for my own prescription anymore!"

Residents shared that text and email messages from their pharmacist are helpful, but had concerns about any messaging with links in, as they couldn't verify the link. Additionally, residents shared that information on posters in pharmacies is not helpful. Therefore, they suggested that each GP have a list of additional services that their local pharmacies offer. Personalised care was important to blind people and people with low vision, with residents sharing that pharmacies are particularly helpful when they receive texts when prescriptions are ready. Text messaging was the preferred form of communication over the NHS app. There was an idea to use texts for all forms of communication (for medication receipts and for when the medication is ready).

"Text on receipt and text when it's ready – really good idea."

"Hit and miss when texts are used – but they are good! Keeping up communication is good."

Concerningly, pharmacies place medication labels over the braille on medication boxes, making them unreadable. Residents also had privacy concerns, recalling that they had read their address aloud.

"They always used to put the labels over the braille. We've managed to educate [specific pharmacy] on that, but I'm sure it happens in other pharmacies."

"I'm not gonna give my address out in front of.... Well, it could be anyone!"

Blind people and people with low vision were confident using a pharmacy, had a good understanding of the services pharmacies offer and were comfortable asking pharmacists for advice. However, they shared that as soon as they say they're taking another medication, the pharmacist signposts them to the GP. Some agreed that overall, pharmacies are more approachable, helpful and available than GP services. Most feel confident about pharmacists' professionalism and capability, sharing that they would be happy to be treated for minor ailments, especially if it is something they experience regularly (e.g., sinusitis). The group shared that all healthcare professionals needed more training in how to support this community.

7.9. Spotlight on the experience of hard-of-hearing people and D/deaf people

We spoke to members of a D/deaf club as part of this research to find out about their experiences of using community pharmacies in Hertfordshire. Residents felt that pharmacists underestimated the number of deaf people in Hertfordshire and how to support them. Residents also spoke about the value of receiving text messages from their pharmacy with information about their prescription and how frustrating it is when this doesn't or can't happen.

“When there is no text, they don't know whether they can go and collect their medication. It appeared that not all pharmacies offer a text service.”

“They should have equipment ready for interpreting at any time... this doesn't currently exist in their experience, as they all have faced issues and long waits for communication facilities to be set up and working.”

“Having no interpreter means having no information, leading to a substantial loss of autonomy.”

Residents also mentioned that sometimes it's too dark in the pharmacy for lipreading and they struggle to lipread pharmacists. To improve this, residents suggested that healthcare staff face them when talking, don't stand in the way of the interpreter and remove any face masks. They also said there needs to be more awareness about knowing how and when to book interpreters.

“Knowing to write in basic written English – it's an additional language for lots of the Deaf community – don't use jargon or complicated words.”

“Email and online systems are okay, but don't use them to ask a deaf person to call the surgery.”

“There need to be reasonable adjustments made for deaf people – like being allowed to book an appointment in person rather than on the phone!”

One resident was unable to find out when their pharmacy delivers medication. They need to know this due to the intercom system, sharing that in the past, their medication was left outside their door on the street, which was a significant confidentiality and safeguarding risk. This meant they had to get their medication delivered to a friend's house, thus breaching their privacy. Another had their medication delivered to their family member. However, they would prefer to receive it so they could check the medication inside.

Collecting medication from the pharmacy was dependent on which member of staff was working and whether they knew the person. When this was the case, they found that it was a fairly straightforward process. However, some staff lacked an understanding of the D/deaf and hard-of-hearing people and their needs, particularly with lipreading, which often led to communication barriers. Some were also not comfortable sharing their address details out loud.

Participants shared concerning experiences of receiving vaccinations in pharmacies. Two people had received a vaccination in their pharmacy without knowing what it was they were receiving. Staff members were also unwilling to remove their masks, so they couldn't lip-read and didn't have any other support in place. Additionally, they couldn't look up the vaccination afterwards, as they didn't know the name. They shared that if staff members had removed their facemasks, it would have made it much safer and easier for them. As D/deaf and hard-of-hearing people are often reliant on staff members who know them, high staff turnover can damage their quality of care. This demonstrates the need for deaf awareness training across the board.

7.10. Spotlight on young people's experiences

Young people noted using pharmacies for the following services: providing prescriptions, giving/prescribing medicine, blood pressure testing, flu jabs/vaccinations and a place to buy cosmetics, toiletries, painkillers, vitamins and allergy medication. A couple of young people also mentioned that pharmacies advised on minor medical issues, were the first port-of-call for advice and signposting (whether to go to a GP/hospital or not), were trustworthy and an easy place to hear advice from a professional and a safe space to ask about menstrual products and contraception.

“Even at 17, I don’t know that much about pharmacies, just know that if it’s a minor issue, you can go there for advice.”

Several young people described positive experiences of using pharmacy services. One reported that their sibling received support from a pharmacist for an ear infection prior to attending A&E. Another highlighted that their grandmother uses pharmacies for vaccinations due to their accessibility.

Pharmacies were also seen as a helpful point of initial contact for more serious concerns. One participant with a suspected broken bone said that advice from a pharmacist helped convince her parents to take her to A&E, as it came from a trusted professional. Experiences of collecting prescriptions were generally positive. One participant initially felt anxious about collecting medication on behalf of their parent, but found that the staff was accommodating, which increased their confidence over time. Female participants reported feeling safe and comfortable accessing pharmacies for menstrual products during their teenage years. However, some participants noted differences in provision. Smaller, local pharmacies were perceived as offering more limited support, while larger pharmacies were seen as more helpful but less accessible due to distance.

“I feel quite confident going into a pharmacy, especially since I’ve gone to the pharmacy before – they hold a lot of information there, especially for girls. Would be happy going on my own or with a parent – pharmacies feel like a safe place, they’re nice, trustworthy and they’re from the NHS.”

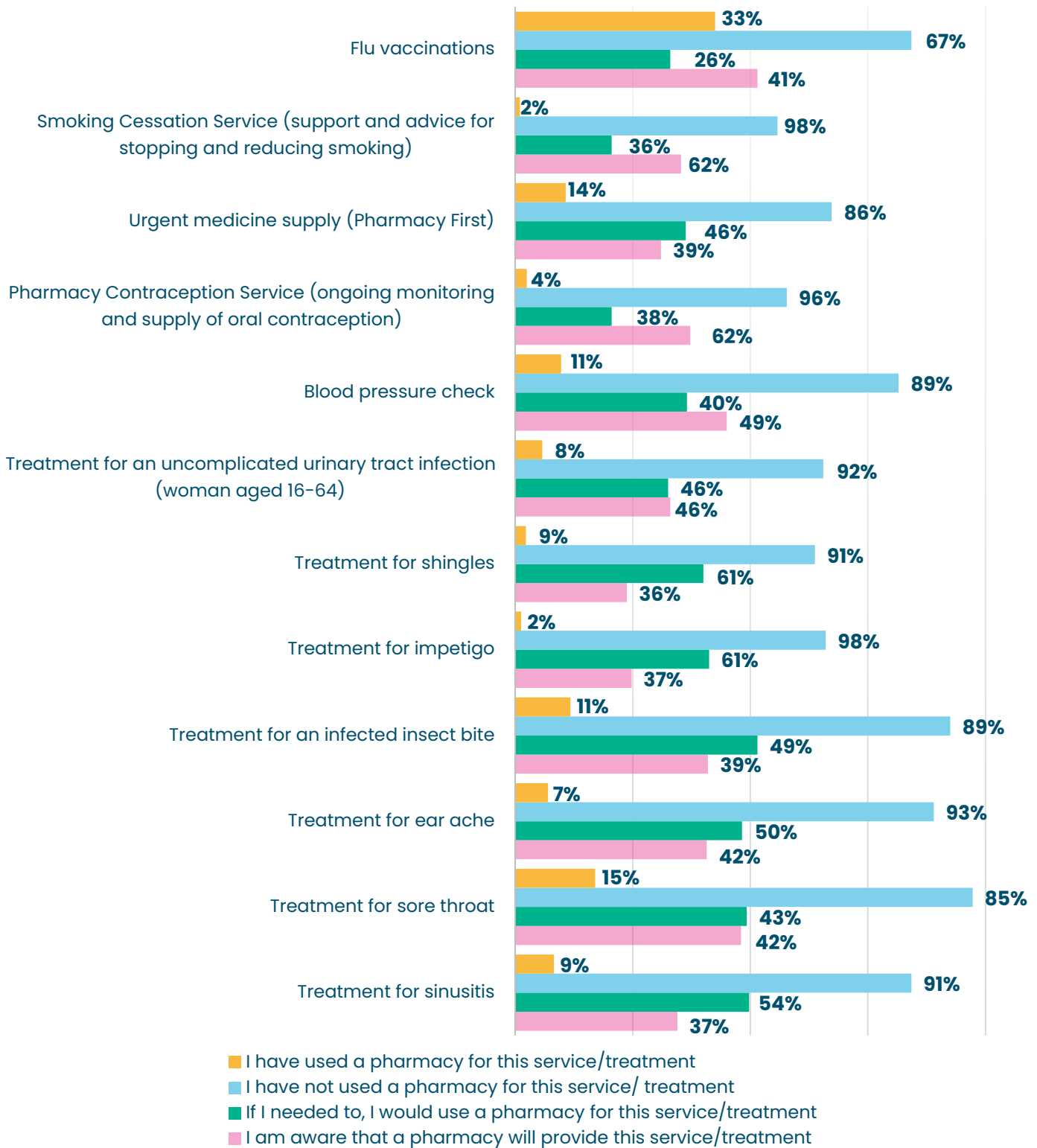
Young people reported mixed levels of confidence in using pharmacy services independently. For some, confidence depended on the nature of their issue or need. Others felt they required adult support, either by preference or because they had always attended with an adult. Initial concerns were also raised about collecting medication as a young person, although these tended to reduce over time with experience. Higher levels of confidence were associated with familiarity and positive past experiences. Young people who had used pharmacies independently over time reported feeling more comfortable and self-assured. Pharmacies were often perceived as safe and welcoming environments, with staff seen as knowledgeable and approachable. Compared to GP services, pharmacies were described as less intimidating, with advantages including walk-in access, a more relaxed atmosphere and no strict time limits on conversations. Awareness of private consultation spaces also increased confidence in accessing services, particularly for more sensitive issues.

How can we make pharmacies more helpful and welcoming to young people?

- **Brighter colours** around the pharmacy would make them more inviting.
- Being treated in a more **adult way** as a young person with a health need who has brought a parent as support, rather than talking only to the parent.
- **Greater privacy** (raise awareness of the option to speak confidentially in a consultation room).
- Increasing **awareness**:
 - If pharmacies were spoken about more in **schools**, increasing understanding of what pharmacies do would help young people use them more.
 - Using **social media**, making sure it’s informal without too much text, but also to raise awareness amongst young people about pharmacy services.

7.11. Awareness of specific treatments and services

Awareness of treatments and services



Number of respondents: 329. Please note that categories are not mutually exclusive. Respondents may be represented in more than one category.

Residents valued the range of treatments and services available through pharmacies and some demonstrated a good understanding of the support pharmacists can provide. However, there was a consistent view that overall awareness remains limited, particularly in relation to what services Pharmacy First provides. There was, at times, a limited public awareness of Pharmacy First, suggesting promotions may not reach everyone. For some, they were not aware of the term 'Pharmacy First' but recognised that their GPs offered the Pharmacy First scheme. Many couldn't name the conditions Pharmacy First tackles but were aware that the scheme exists. There was a concern that pharmacies often don't fully understand the Pharmacy First scheme and do not offer everything.

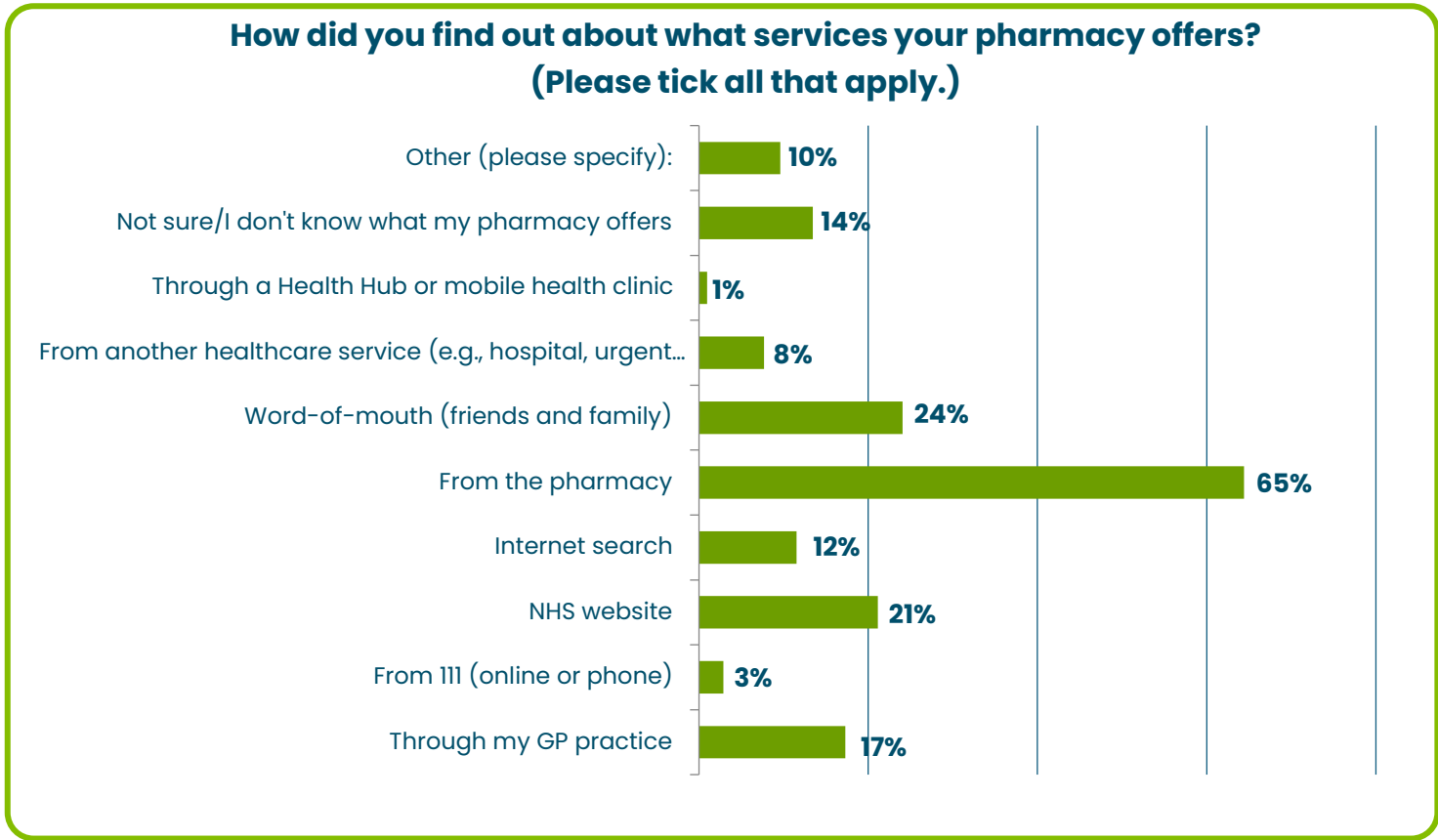
"I hear that people are slowly going to pharmacies for these services, like Pharmacy first, but a lot of pharmacies don't fully understand or offer or cater for everything on the list."

"Well, I couldn't remember that was its name, but that's part of the NHS campaign, isn't it? To try and get us to think more lively than just, "I must go to the GP."

"There's definitely something about the half dozen or more things that pharmacies can do for you, but I think if I wasn't sure I could check very quickly."

"It's just that I'm happy to try Pharmacist First if I think there's a chance, I can just walk in. ...I think it's good that they have the Pharmacy First thing. It's more obvious what they can offer, maybe because it's relevant and helpful and vocal. And secondly, we do need to take some pressure off GPs."

7.12. Communication about services



Number of respondents: 225

7.13. Improving awareness of services

When asked how pharmacies can improve awareness of services:

- **Increased physical advertisement:** Most said they can use posters to advertise services, in pharmacies, GP practices and within community buildings. Some thought advertisements should be in-house to increase awareness of the services available within pharmacies. While others thought it would be best to list information about pharmacies within GP practices.
- **Increased visibility online:** Another common suggestion was to improve visibility online, such as a website for pharmacies and social media campaigns.
- **Advertisement through media:** Many also thought services should be advertised on TV, radio and newsletters.

Handouts in prescriptions: Some thought services could be advertised through handouts with prescriptions.

Other suggestions to raise awareness included:

- Through carers
- ICB's Primary Care Board
- Podcasts
- Newspapers

Interview data

Many felt that greater efforts were needed to promote initiatives such as Pharmacy First. Suggestions included pharmacy posters, social media campaigns and information on NHS websites. Residents expressed a concern that posters in GP services were often not read.

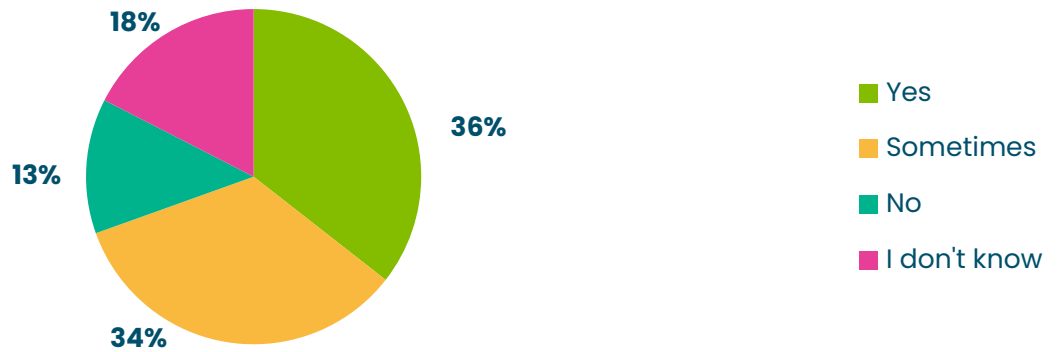
There was also recognition that communication approaches should be varied to reach different audiences. Residents highlighted the importance of tailoring advertisements to different audiences, such as posters for those who were digitally excluded and social media platforms tailored to specific age groups, to ensure messaging is engaging for a broad range of people. Other suggestions included education through community events and leaflets about pharmacy services included in prescription packets. A few recognised that changing public perception to favour pharmacies will take time.

"I think there is an ingrained belief that you must see the doctor- 'Doctor knows best. I don't want to see a physiotherapist or pharmacist. That's not proper...it's not going to be adequate.' Despite the fact that they're specialists. What I do think might make a difference is that if the NHS somehow tweaked it's campaigns to say that you're actually consulting someone with a specialist in an area, whereas GPs – excellent though they are – by nature, are generalists, so you could be receiving more targeted advice and treatment if you saw a pharmacist."

"Everybody's communication channel is different, isn't it? So yeah, it comes to people on it, just do the comms like you're supposed to, you're going to get me one way. You're going to get some people that whatever tick-tock ways you get the old people like me on the Facebook way, you'll get the posters up."

7.14. Collaboration and integration of services

Do you feel that your pharmacy and GP practice work well together when necessary?



Number of respondents: 315

Pharmacy and GP Collaboration

For many people, the system works well, with **36%** (112 respondents) of residents sharing that they feel their pharmacy and GP practice work well together, with some commenting that they have a close relationship. Some also said there were instances where their pharmacy signposted them to the GP.

Many commented that the repeat prescription service works well; prescriptions are sent directly from the GP to the pharmacy and medication is usually ready within hours.

“Yes, as soon as our doctors email the pharmacy, it's all sorted. The pharmacy also checks their computers.”

“My GP and pharmacy are next door to each other and work very well. I tend to get health advice from my GP in the first instance as it's for more serious issues which require a prescription to be issued for the pharmacy to fulfil.”

“The pharmacy has a close relationship with my surgery and I'm confident that if there have been queries about medication, the two parties communicate.”

However, not everyone has such a positive experience; with **13%** (41 respondents) of residents saying their pharmacy and GP don't work well together and **34%** (107 respondents) saying they only work together 'sometimes'. Residents often felt like the pharmacy and GP practice didn't communicate directly enough and they ended up having to relay messages between the two, which caused delays and confusion. Some pharmacies also struggled to keep up with updates from the GP and even when the pharmacy and GP were in the same building, some felt there was little visible coordination, which again caused frustration.

“There's not enough communication between them. Pharmacy doesn't always have the medication or the request for medication.”

“In the area of prescriptions, the two sides seem unwilling to communicate. The patient/customer has to act as the conduit through which all (non-routine) information must flow. This causes unnecessary delay and sometimes confusion.”

“The GP surgery being co-located with the pharmacy does not speed things up. Going to and from between the two is time-consuming and annoying.”

Prescriptions

Many shared that they frequently experienced issues with medication, especially when a pharmacy didn't have a particular drug in stock or if there were supply problems. Some felt that the pharmacy should take more responsibility for suggesting alternatives when there were shortages, instead of passing the problem back to the GP.

Another common problem is prescription delays. Many residents reported that medications weren't ready when they went to pick them up, even though prescriptions were placed in advance. This is especially frustrating when urgent medication is needed. Additionally, some struggled to find out when their prescription was ready, even when electronic systems were in place; this led to delays in updating records or unclear pick-up dates.

“Pharmacists, as professionals should be recommending alternative drugs when shortages occur how easy is it for Pharmacists to speak to a doctor?”

“Pharmacies always blame surgery for delays in prescriptions instead of taking responsibility for their management.”

“I have also received meds that were prescribed for another person from the pharmacist - I had to take them back.”

“There have been times when prescriptions have not been received by the pharmacy or the pharmacy has not been able to find it.”

Communication

Many issues stemmed from the GP practice itself. Some residents felt that the GP practice was not responsive enough, leaving pharmacies to manage problems they did not cause. This resulted in unnecessary delays, especially when the GP was slow to process prescriptions or to give answers. In some cases, residents had to chase their GP for prescriptions, which caused extra stress. When a prescription was complex or changes were made, communication issues between the GP and pharmacy often led to further confusion.

“My pharmacist has had issues with my surgery, mainly around prescribing meds that are difficult to obtain.”

“Generally, tends to be the GP service that is not clear in instructions, not the pharmacist.”

“The GP will not allow the pharmacy to reorder my medication and argue with the doctor and me about when it is due.”

Interview data

It was common among residents to order medication through their GP online and then collect it from their pharmacy later, with participants commenting that this process was efficient. However, one resident shared that the coordination between their GP and Pharmacy was often insufficient, raising health and safety concerns, particularly on the digital system.

“The only challenge is... You know, because I'm on all sorts of weird drugs, making sure that they have my background information- because that's one of the concerns that certain GPs are very happy to prescribe drugs and you sort of wonder, have they checked if these drugs interfere with the drugs I'm already on? I mean, the pharmacist doesn't have access to my medical record. There is a chance that they might prescribe me or give me drugs that might or might not work well with.”

“Prescribing drugs and any sort of feedback with the GP, whether that happens, so you know if the pharmacist does prescribe you a drug, is your medical record updated according to the GP knows, that's a rhetorical question. That sort of thing. So, it's not an individual problem. I just think the whole system's clunky.”

Positively, some pharmacists were proactive in directing residents to other practices when a specific service or product was unavailable. There was a perceived disconnect between pharmacies and GP services, particularly regarding medications.

“Typical GP blah blah, you get the same disconnect between pharmacy and GP. I did say once not between pharmacy and GP, but hospital and GP...you know, you bring your partner in and they rubbish what you've done and you rubbish what they do, who do you trust? They don't work together, that's for sure. What I don't understand is why, as professionals, they think they have to make those kinds of comments about another part of the organisation, it's not professional.”

“For the pharmacist, it's terribly difficult to get through to the doctor's surgery, because they don't have a direct line anymore. It's very important for them to be able to, you know, someone's gone in with a prescription and they're not happy with it - which very often happens- and it's difficult for them to get it sorted out. So, they really could do with more liaison with doctors. Someone that they could actually phone and you know, find out if what they've been prescribed.”

Michael*: Lack of Integration Between GP and Pharmacy

Michael (58) described difficulties accessing his medication due to poor coordination:

“I'd go to the pharmacy and they'd say it's at the doctors. Then the doctors would say it's at the pharmacy—I just got the runaround.... they kept saying it's not due yet, but I was running out. The date had no relevance to me.”

Conflicting timelines between the GP and pharmacy made the situation worse:

“The doctors say order 3–5 days before, but the pharmacy needs 3–5 days to prepare it. That just doesn't work. One time I was in tears over it... does a computer mean more than a person? I don't think anyone would want me not taking my medication—I could become unwell again.”

* Name changed to protect anonymity

8. Conclusion

Pharmacies are a valued and central part of the NHS health and care system, with **74%** (264) of Hertfordshire residents who responded to our research, saying they used their pharmacy monthly and **13%** (48) weekly.

Hertfordshire residents were overwhelmingly positive about the care they received at their local pharmacy, sharing many stories about pharmacists' professionalism, kindness and willingness to go above and beyond for patients. Residents often used pharmacies for advice, seeing pharmacies as a source of support and reassurance when their GP was unavailable. Some residents had been using the same pharmacy for many years, developing trusting relationships with their pharmacist. Personalised service, where staff understood their medical history and individual needs, was viewed as a unique aspect that pharmacies offer in the healthcare system.

Pharmacies were a trusted pillar of the primary care system and participants had high levels of trust in their ability to manage minor ailments and new medications. However, confidence was lower for long-term conditions, new health concerns and children's health. There was some confusion over what pharmacies provide. As pharmacies are not a 'universal' service, residents also commented that it was difficult to know what distinct pharmacies offer.

Most found their pharmacy easy to access, appreciating its proximity to home, convenient opening hours and overall physical accessibility. Although some raised concerns about the limitations in the service provided by pharmacies. Issues with dispensing were also mentioned, including occasional concerns about over-dispensation of medication. Participants also highlighted instances where they received the wrong medication.

There was also a concern over the level of privacy in pharmacies; many felt less comfortable in pharmacies where private consultations were often unavailable and interactions occurred in earshot of other customers. Another key concern was over the lack of integration and communication between services, particularly between pharmacies and GP practices, which often resulted in delays and confusion.

Residents had mixed views on whether pharmacies should expand their services. Some felt pharmacies are underused and could do more if given the opportunity. Others thought pharmacies are already very busy and don't have the capacity to provide extra services.