

Views on Community Pharmacies

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About Healthwatch Hertfordshire

Healthwatch Hertfordshire represents the views of people in Hertfordshire on health and social care services. We provide an independent consumer 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 to address gaps in service quality and/or provision.

About the Hertfordshire and West Essex Integrated Care System

The Hertfordshire and West Essex Integrated Care System (ICS) was established as a statutory body on 1st 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 services¹. The Hertfordshire and West Essex ICS is made up of two key bodies – an Integrated Care Board (ICB) and Integrated Care Partnership (ICP).

Integrated Care Board (ICB)

The Integrated Care Board (ICB) is an NHS organisation responsible for planning and overseeing how NHS money is spent across Hertfordshire and West Essex, with the aim of joining up health and care services, improving health and wellbeing and reducing health inequalities. The board of the ICB includes representations from NHS trusts, primary care and from Hertfordshire County Council and Essex County Council².

This report will be sent to the Hertfordshire and West Essex ICB Primary Care Board to inform how it can further support Community Pharmacies.

Integrated Care Partnership (ICP)

The Integrated Care Partnership (ICP) is made up of representatives from different organisations involved in health and care. This includes NHS organisations, local authorities and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector. The partnership is responsible for developing an Integrated Care Strategy which will set out the priorities for Hertfordshire and West Essex for the next 10-20 years³.

Hearing Patient Views about Primary Care in Hertfordshire and West Essex

Healthwatch Hertfordshire and Healthwatch Essex have been commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Workstream to undertake a series of engagement projects. The aims of the engagement projects include:

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-2022)

² <https://hertsandwestessexics.org.uk/ics/health-wellbeing-decisions/3>

³ [Health and wellbeing decisions – Hertfordshire and West Essex Integrated Care System \(hertsandwestessexics.org.uk\)](https://hertsandwestessexics.org.uk/ics/health-wellbeing-decisions)

- Gathering lived experiences to feed directly into the Hertfordshire and West Essex ICS Primary Care Workstream
- Supporting and enabling the Hertfordshire and West Essex ICS to achieve wider participant engagement
- Engaging patients and the public on programmes covering key priorities and areas of importance at a regional and local level
- Making recommendations to the Hertfordshire and West Essex ICS Primary Care Workstream so improvements can be implemented

Using patient and public feedback, this engagement project will focus on improving the relevant services within different areas of primary care by making recommendations to the Hertfordshire and West Essex ICB Primary Care Board.

From November 2022 – February 2023 the Director of Primary Care Transformation at the ICB has requested Healthwatch Hertfordshire and Healthwatch Essex to explore public views of, and attitudes towards Community Pharmacies, with a specific focus on:

- Awareness of services
- Why someone might not access a community pharmacy
- How people access support if they do not use a community pharmacy

Background

National Context

Community pharmacies in England are one of the four pillars of primary care services in England, alongside GPs, dentists and opticians. Pharmacies are designed to be one of the easiest and quickest ways to access non-urgent health care and advice in England, considering they are situated in most high streets, supermarkets and deprived or rural communities. In fact, the Pharmaceutical Services Negotiating Committee (PSNC) estimate that 1.6 million people visit a pharmacy in England every day and have established that **89%** of the population live within a 20-minute walk of a community pharmacy⁴. In Hertfordshire, this figure stands at **87%**⁵, and there are 291 registered pharmacies in Hertfordshire and West Essex⁶.

With all community pharmacies coming under the remit of the ICB from April 2023, it is a crucial time to evaluate the role and future of community pharmacy, and how they can best continue to evolve and support the NHS as well as patients⁷. The current strategic context places a strong emphasis on community pharmacies further embedding within health and social care and playing a greater role in “developing a fully integrated community-based health care system”.

⁴ [About community pharmacy - PSNC Website](#)

⁵ [Hertfordshire Pharmaceutical Needs Assessment 2022 \(hertsipc.org.uk\)](#)

⁶ [East-of-England-Partnership-Strategy-for-Community-Pharmacy_December-2022.pdf \(hertsipc.org.uk\)](#)

⁷ [NHS England and NHS Improvement's direct commissioning functions - NHSEngland](#)

Integration into Primary Care

On a national scale, the NHS Long Term Plan identifies pharmacies as playing a key role in supporting with self-care, self-management and urgent care, striving to make better use of community pharmacists' skills whilst also recognising the pressures on capacity. More specifically, the Community Pharmacy Contractual Framework⁸ (CPCF) is currently in its fourth year of a five-year deal that works towards better integration of pharmacies into the NHS, including providing more clinical services, supporting with minor illnesses, and helping to manage the demand on general practice and urgent care.

Regionally, the recent East of England Partnership Strategy for Community Pharmacy report outlines a very similar vision wherein pharmacies are:⁹

- An integral and integrated part of primary care, leading to improved outcomes for patients and facilitating better access
- Part of integrated care pathways for primary and urgent care
- The first point of contact for many patients
- Integral to the delivery of self-care and avoiding ill health
- Integral to addressing health inequalities
- Valued and respected as clinicians in their own right

The Future of Pharmacy

Health Education England's pharmacy reform programme¹⁰ means that from 2026, newly qualified pharmacists will become prescribers at qualification, having undergone the necessary training as part of their degree. This will require efficient integration and strategic planning to fully provide benefit. Due to community pharmacy's unique position in the centre of nearly all communities, this increased responsibility in prescribing might also work to help address health inequalities. By increasing the clinical role of pharmacists, the accessible community hub of a pharmacy will be even more important in enhancing population health through support with self-care, and early interventions and preventions.

The Kings Fund¹¹ have also published their vision for what community pharmacy services could and should look like in the future. Their "professional vision for pharmacy practice in 2032" explores the next 10 years of fully integrated pharmacy services. It describes the potential for much more advanced digitisation and automation of systems to increase safety, but also relieve pharmacists of some duties, allowing them to provide more direct clinical and personalised services to patients.

Awareness of Services

The Pharmaceutical Needs Assessment conducted in 2022¹² identified no gaps in the provision of community pharmacies in Hertfordshire, and indicated good public awareness (over **90%** of respondents) of the essential services they provide. However, it is important to note that the

⁸ The Community Pharmacy Contractual Framework for 2019/20 to 2023/24 (publishing.service.gov.uk)

⁹ [East-of-England-Partnership-Strategy-for-Community-Pharmacy_December-2022.pdf](#) (hertslpc.org.uk)

¹⁰ [standards-for-the-initial-education-and-training-of-pharmacists-january-2021_1.pdf](#) (pharmacyregulation.org)

¹¹ [Vision for Pharmacy Practice in England Themes 1.8 FINAL.pdf](#) (rpharms.com)

¹² [Hertfordshire Pharmaceutical Needs Assessment 2022](#) (hertslpc.org.uk)

general public might not always fully understand the range and type of services pharmacies can offer, and how this is not universal across pharmacies.

There was limited awareness of the additional services pharmacies might provide, and a desire for more services to be available or better publicised. Around a fifth of respondents also wanted a better, faster, or a more knowledgeable service in order to consider pharmacy a first port of call.

Perception of Pharmacy

A nationwide report from 2017¹³ found that whilst pharmacy services were generally viewed positively, the clinical skills of pharmacists were under-recognised by both patients and other clinicians within the NHS. This report also found that pharmacists were not considered to be “as legitimate” as other healthcare professionals, impacting public perceptions, trust and confidence in accessing community pharmacies. This lack of trust arose from a combination of concerns around the commercial or financial influences on pharmacists, and a lack of understanding regarding their training.

However, more recent findings from The East of England Strategy for Community Pharmacy survey¹⁴ found many respondents were keen for pharmacies to take a greater role in patient healthcare. They also shared that pharmacists and pharmacy staff are often knowledgeable, helpful and provide excellent customer care.

There was concern that pharmacists should not be seen as replacing GPs, but rather work in a more integrated and communicative way with them. Respondents also supported more clinical services being provided by community pharmacies, such as vaccinations, pain management, routine blood tests and blood pressure monitoring. However, common areas for improvement were shorter waiting times, longer opening hours, more privacy and discretion within pharmacies, and better advertisement of services available.

Aims

The aims of this project included:

- Understanding public attitudes and views towards community pharmacies
- Identifying the reasons why someone might not access a community pharmacy
- Exploring public understanding and awareness of the range of services community pharmacies can provide
- Exploring how people access support if they do not use a community pharmacy

Methodology

To explore the above aims, Healthwatch Hertfordshire created an online survey. Participants had the option to request the survey in an alternative format and/or contact us for support. The survey

¹³ [Patient and public perspectives of community pharmacies in the United Kingdom: A systematic review \(Hindi et al. 2017\)](#).

¹⁴ [East-of-England-Partnership-Strategy-for-Community-Pharmacy_December-2022.pdf \(hertsipc.org.uk\)](#)

was directed at all Hertfordshire residents, whether or not they regularly use community pharmacies. Collecting data via a survey was the most efficient and wide-reaching choice within the timeframe of the research.

The engagement period for the survey ran between November 2022 to January 2023. 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 to share and distribute via their networks, contacts and social media channels.

A digital promotional flyer with a QR code was produced and distributed this alongside the survey. In some instances, pharmacies printed the flyer and displayed it in their window. One respondent requested a hard copy and their response was inputted digitally.

Key Findings

Summary

The aim of this engagement was to hear from Hertfordshire residents about their views of, and attitudes towards, community pharmacies, and how they could be improved. Overall, respondents were very positive in their views of community pharmacies and demonstrated a good awareness of essential services. Awareness of additional services was very mixed, but there was a desire for services to be better promoted, and a willingness to access these services if they were offered. Trust in pharmacists was also quite high, despite some uncertainty about their role and expertise, particularly in comparison to the GP, and between different roles within a pharmacy.

Common reasons that prevented respondents from using their pharmacy were that there were significant waiting times and queues, and sometimes a poor and inefficient service. Some respondents did have a lack of confidence in pharmacy staff and were unlikely to visit a pharmacy for medical advice, often due to having a previous poor experience or concerns around the expertise and knowledge of pharmacists and pharmacy staff. There were also a substantial number of respondents who had experienced accessibility issues, including needing evening or weekend opening hours, or closer parking. Others raised issues around the cost, availability and efficiency of delivery services not always accommodating their needs, particularly for housebound patients.

As attitudes towards community pharmacies were mostly positive, it correlates that many respondents were supporting of their role expanding, particularly concerning being able to treat minor conditions and prescribe certain medication. Furthermore, respondents felt that pharmacies should be doing more to promote the services they offer. Multiple respondents were particularly interested in finding out more about diabetes testing, blood pressure monitoring and emergency prescription supply. These findings echo the national picture quite accurately, and demonstrate that, although there are some areas for improvement and negative perceptions that need attention, there is a general appetite for increased responsibility and integration for community pharmacies across Hertfordshire.

Demographics

In total 310¹⁵ Hertfordshire residents shared their views and experiences with us. **5%** were aged between 18 and 34 years old, **22%** were aged between 35 and 54 years old and **52%** were aged between 55 and 74 years old. **20%** were aged over 75 years old.

70% of respondents were female and **28%** were male. **77%** were of a White British background and **13%** were of an ethnically diverse background¹⁶.

¹⁵ Please note that percentages do not always add up to 100% due to some respondents choosing not to answer, or preferring not to say

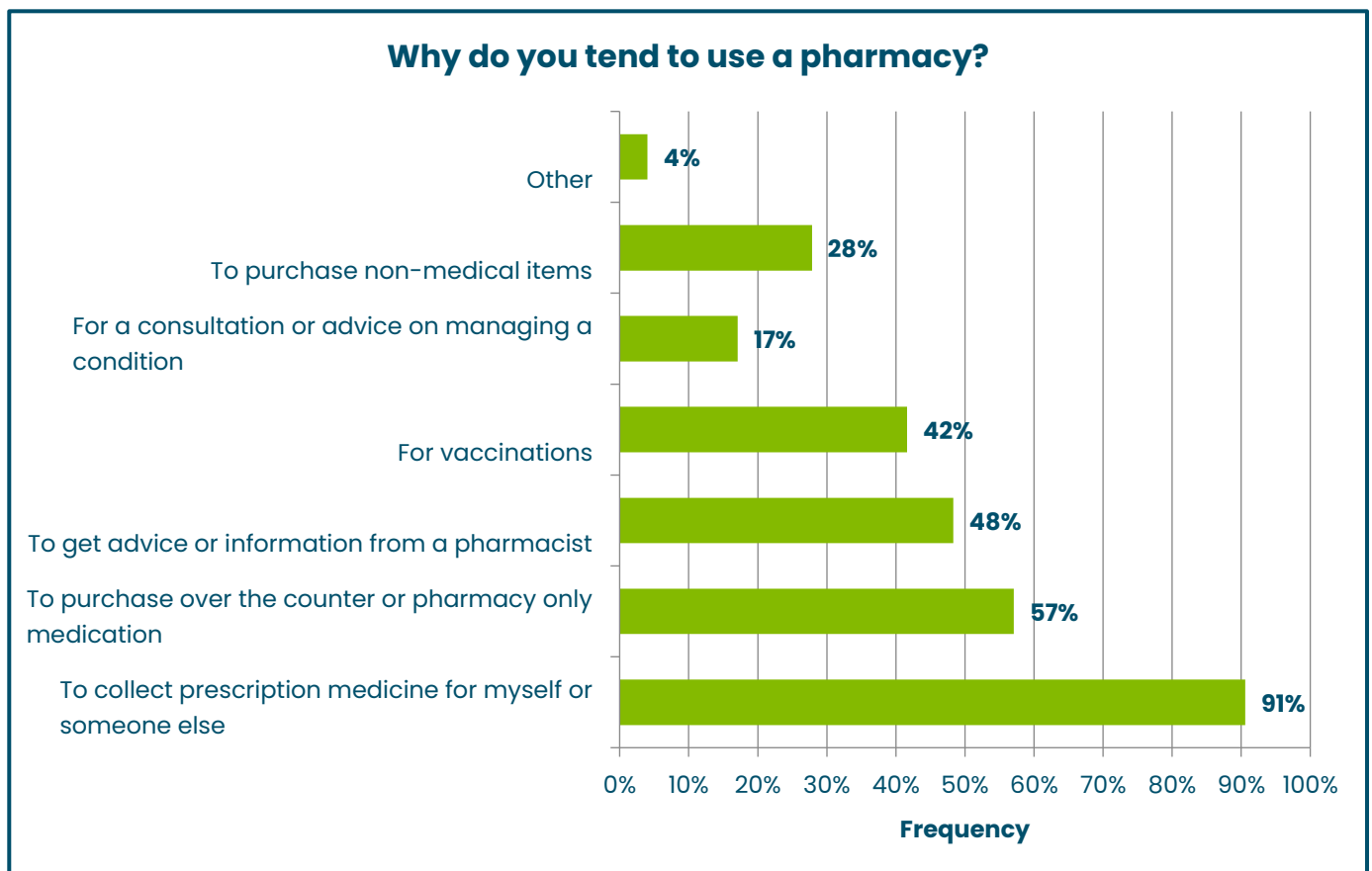
¹⁶ Ethnicities engaged with included: Pakistani, Indian, other Asian/Asian British backgrounds, Black Caribbean, Black African, other Black/Black British backgrounds, Asian and White, Black Caribbean and White, White Irish, White Italian, White Polish, other White backgrounds, and other ethnic backgrounds not listed as options.

15% of respondents identified as a carer, **15%** considered themselves to have a disability, and **41%** considered themselves to have a long-term condition.

Use of Community Pharmacies

70% of respondents use a pharmacy on a monthly basis with **13%** using one weekly. **81%** of respondents are normally choosing to access a high street pharmacy¹⁷, with **7%** using a GP dispensary, **1%** using an online pharmacy and **9%** using a combination of them.

For **91%** of respondents, the main reason they use a pharmacy is to collect prescription medication for themselves or someone else. Other common reasons included purchasing over-the-counter or pharmacy-only medication, and to seek advice and information. The percentage of respondents who selected each reason is shown in the chart below. The respondents who selected the option "other", most often specified that they used a pharmacy delivery service.



57% of respondents do not seek information or advice from elsewhere before, or instead of, visiting a pharmacy.

"My local pharmacy is excellent, and I often go to them or help and advice."

¹⁷ Supermarket-based pharmacies are also included under this bracket.

"I'm very happy with the pharmacy. One of the staff is especially lovely and really patient, especially if I'm feeling really low or anxious"

"It's local, I trust the pharmacists' advice and it saves contacting our GP which is already understaffed for getting our children's repeat prescriptions"

For those that did look elsewhere, **43%** said they would go online first, using the internet, NHS Choices, or NHS 111. Some respondents said that they always go to their GP first, or looked for natural or holistic self-care, and others asked friends and family who work in healthcare.

"It's easier to go online. More serious things I would need a doctor anyway."

"Online is much more convenient and not disturbing the busy pharmacist unless necessary."

"Not sure about taking medication as prefer natural remedies."

When asked why they would not visit a pharmacy, respondents reported that it was often easier to look online for information, or to visit their GP, particularly if the condition was more concerning. Other respondents also mentioned that they sometimes ask family members or friends in the healthcare profession for their advice.

"I have a friend who is an experienced nurse."

"I would possibly speak to a doctor first with regard to an ongoing condition because the doctor would have access to my medical history and my husband's."

"I do use the pharmacy but often they are not confident in giving advice and direct me to the GP."

Accessibility, particularly in relation to opening hours and location was another common reason for not using a pharmacy, as well as delays, long queues and waiting times.

"My pharmacy is very busy and you can wait a long time to speak to a pharmacist."

"They are often busy and I am made to feel like an inconvenience."

Other reasons included concerns around the lack of privacy available in pharmacies, and the level of expertise of pharmacy staff and pharmacists in comparison to that of other healthcare professionals, especially GPs. High prices, especially in comparison to supermarkets, also was noted as a reason for not visiting a pharmacy.

"Lack of privacy when talking to a pharmacist."

"I don't trust their level of competence."

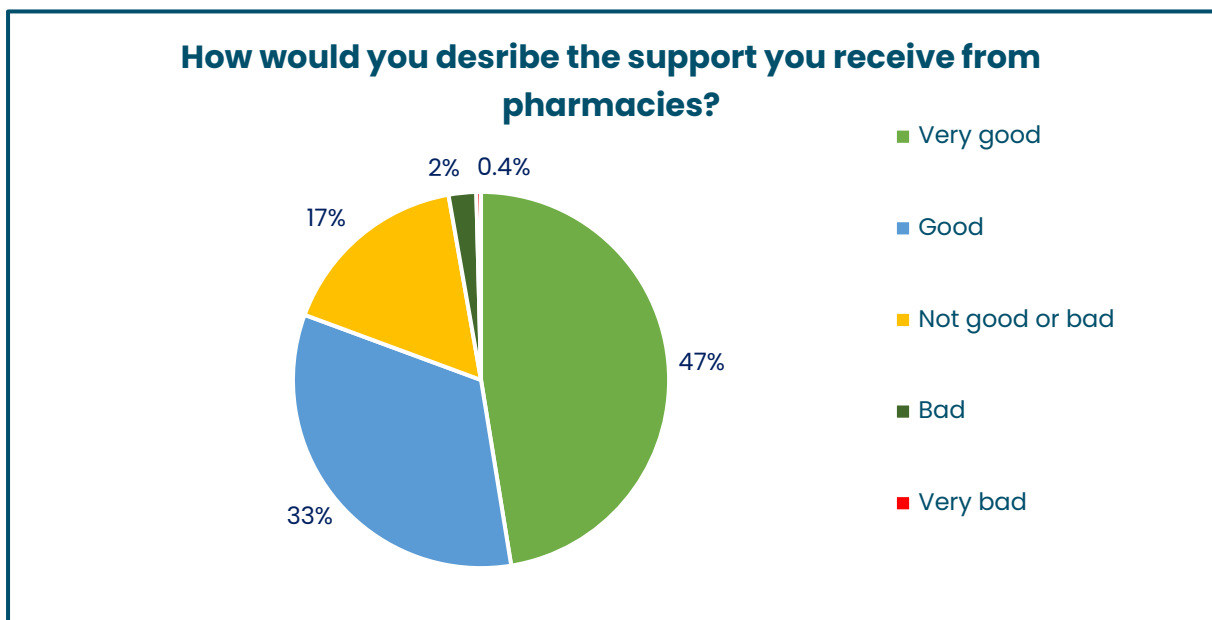
"Higher prices in my local pharmacy. Can buy cheaper over the counter medications in supermarkets."

Interestingly, some respondents felt they had no choice but to use their pharmacy in order to speak to a health care professional, given the pressures on other services, particularly GP practices and NHS 111.

"I have no choice. GP services are difficult to access, vaccinations are no longer given by my GP, I feel that I am on my own and the pharmacy is the only reliable service."

Experience of Support

Most respondents were very positive about the support they receive from community pharmacies, with **80%** describing the support as "very good" or "good", and only **2%** describing it as "bad", and one respondent as "very bad", as shown in the graph below.



"The staff at the pharmacy are excellent. They keep me coming back and I'm sure that's the case for a lot of their customers."

"I have had a recent diagnosis of cancer and my local pharmacy has been invaluable in advice and coordinating the care between the dietician, my GP and the hospital consultant."

Carers, and those with disabilities or long-term conditions had higher overall satisfaction with pharmacy services:

- **62%** of carers describe the support they receive as “very good” and **32%** as “good”
- **57%** of those with a disability describe the support as “very good” and **35%** as “good”
- **55%** of those with a long-term condition describe the support as “very good” and **30%** as “good”

However, one participant did mention that pharmacy staff should have a **“greater understanding of learning disabilities.”**

When asked what pharmacies were doing well, respondents shared that the attitudes of staff were friendly, supportive and approachable. They also felt that pharmacies are efficient and reliable, knowledgeable when providing advice and information, and take the pressure off GP practices and other health care services.

“Always helpful and informative, a ‘safe place’ to discuss health and wellbeing matters.”

“I know my pharmacist will listen and give me good advice and not just sell me a product.”

“I think they are more flexible and personalised in their approach than the GPs. You can walk in and be seen almost immediately, they’re professional and you can talk in private if you feel you need to.”

Although, multiple respondents were keen to state that their experiences and attitudes did vary a lot between pharmacies and pharmacists.

“I trust my local pharmacist because I know him and trust him. I would not be so happy at an unknown pharmacy.”

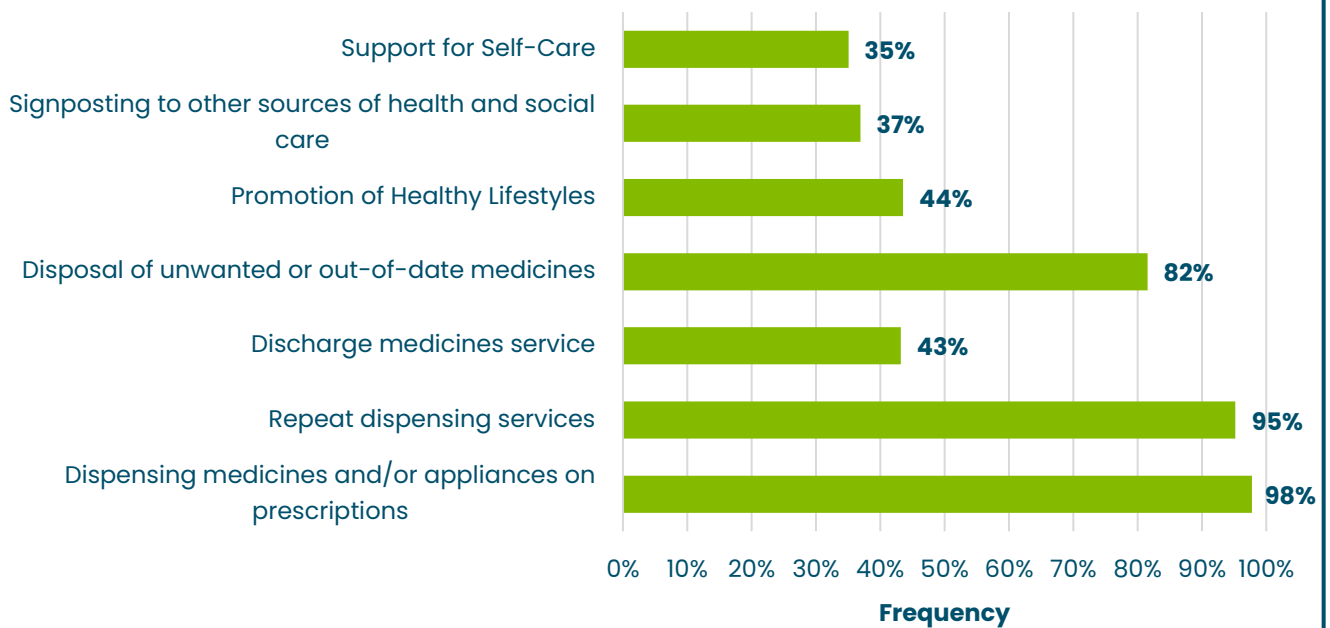
“My experience with my current pharmacist is extraordinary. I completely trust their advice and knowledge. I have had difficulties with other pharmacists though where I was not a regular customer of theirs where I felt dismissed and rushed.”

Awareness of Services

Amongst the respondents, awareness of the essential services¹⁸ pharmacies provide was very good, although the public could receive more information about discharge medicine service, signposting and self-care. The graph below shows the percentage of respondents who were aware of each essential service.

¹⁸ These ‘essential services’ are offered by all pharmacies/pharmacy contractors, in accordance with the NHS Community Pharmacy Contractual Framework – the pharmacy contract ([PSNC Website](#)).

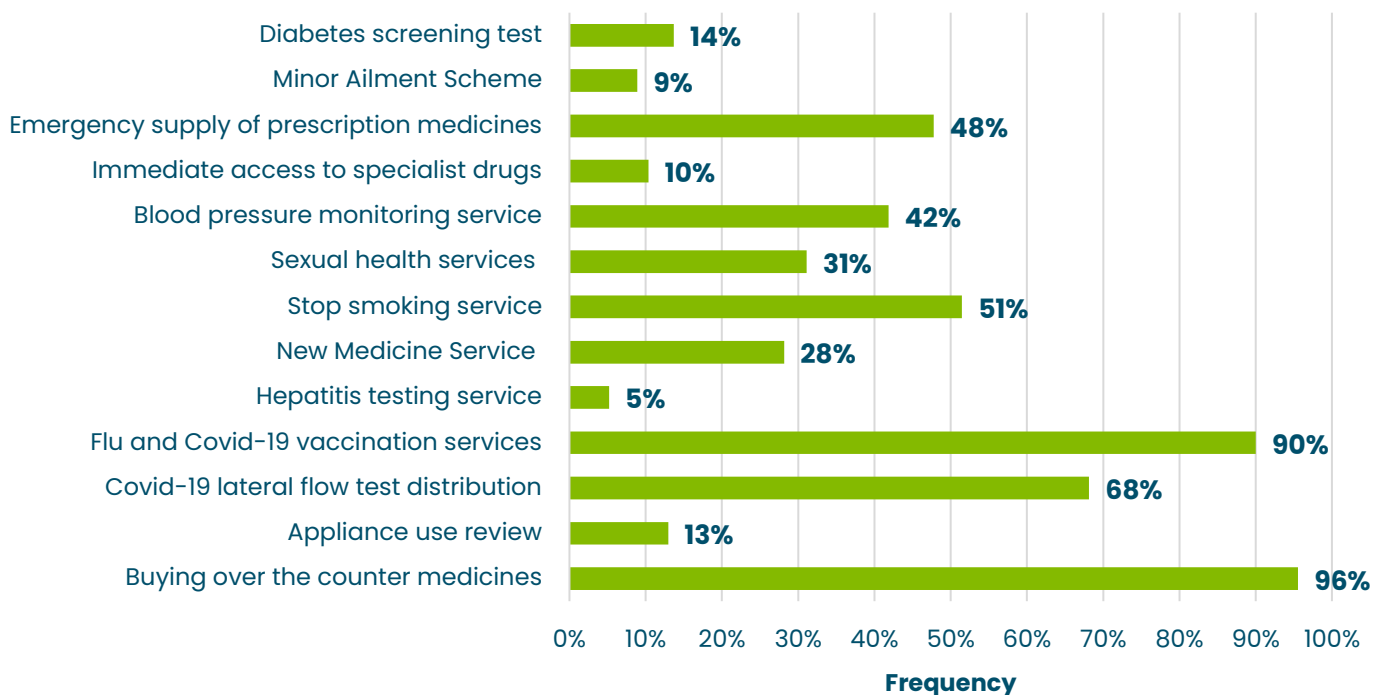
Are you aware that all pharmacies provide the following essential services? Please select all of the options that apply.



Awareness of the additional services¹⁹ some pharmacies can provide was more varied, and there was confusion as to why some pharmacies offer some of these services, and others do not.

Whilst many participants were very aware of some services such as buying over-the-counter medicine, vaccines, lateral flow Covid-19 tests and smoking cessation, other services were less well known. The graph below shows the percentage of respondents who were aware of each additional service.

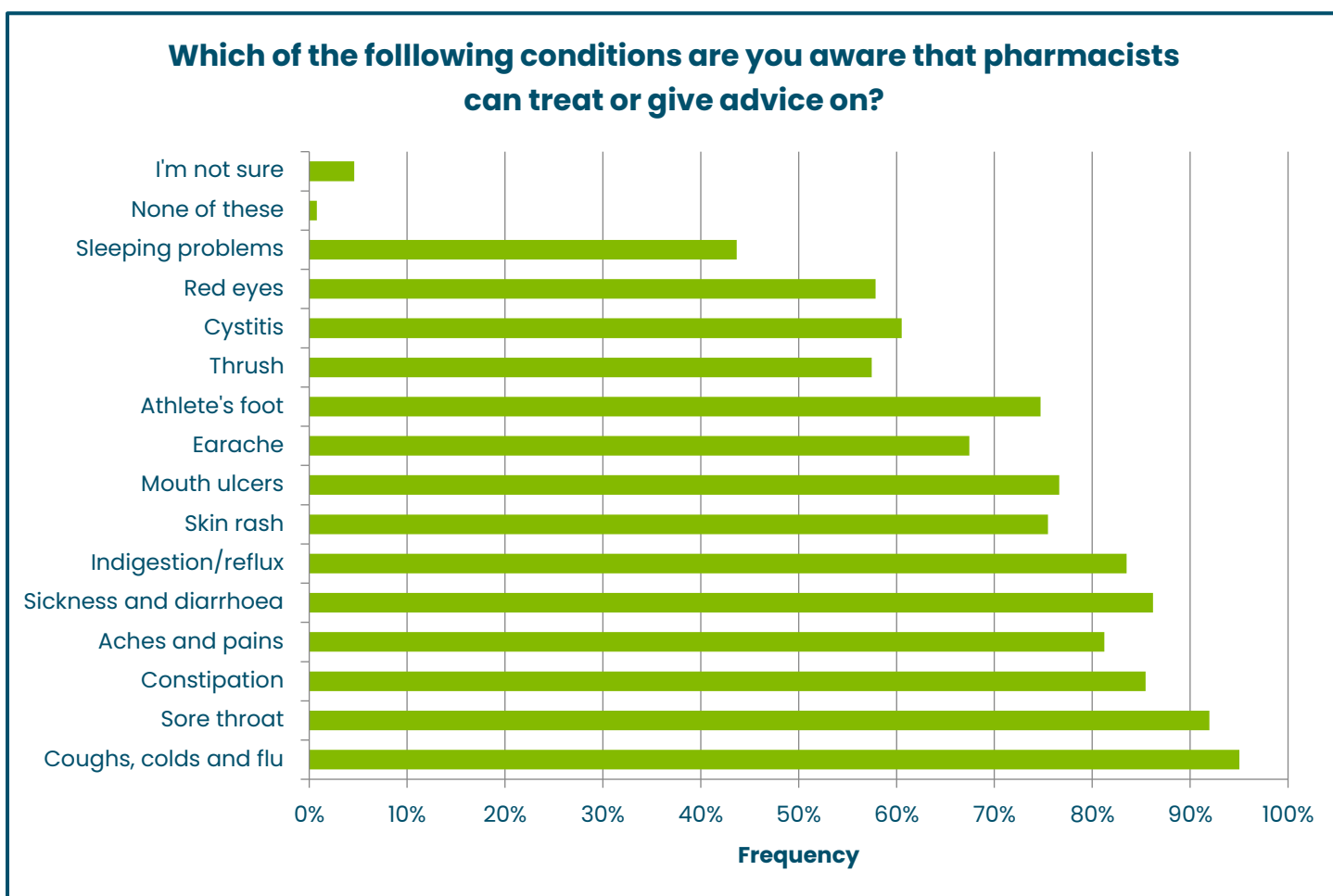
Are you aware that a pharmacy might also provide the following additional services? Please select all of the options that apply.



Positively, **39%** of respondents would consider using one of these services now that they are aware of them, in particular blood pressure testing, diabetes testing, and to a lesser extent, emergency supply.

“I would definitely seek the advice of my local pharmacist for the above conditions. Relieving pressure on GPs is very important ... as long as pharmacists are supported adequately in an expanded role.”

Furthermore, participants’ awareness of different ailments that a pharmacist could treat was quite high, as shown in the graph below.



When asked what prevents respondents from accessing any of the following essential and/or additional services, the main reason was simply because they did not need to use them.

“I haven't needed any of the following services but I'm glad to know that they are there.”

Another common response was that there was a lack of information and awareness regarding what services are offered, especially between different pharmacies and providers.

“Lack of knowledge of what is available. Every NHS GP, Urgent Care Centre, Pharmacy and Community Health service operate in a different and fragmented way. Patients don’t stand a chance of navigating this chaotic situation.”

Many respondents also considered much of their healthcare to be outside the remit of a pharmacist.

“The fact that pharmacists can’t prescribe or do examinations, so I end up seeing a GP anyway.”

As mentioned previously, accessibility, long queues and waiting times, and concerns regarding privacy and discretion within pharmacies, were noted as factors preventing respondents from accessing the following services from a pharmacy.

“There’s little privacy in a busy high street pharmacy so it’s uncomfortable having some discussions.”

“Convenience. I do prefer having an appointment rather than queueing. And being able to do things online suits me.”

“No confidentiality if there is a personal issue.”

“Pharmacies tend to be busy – people are always waiting for something.”

Some respondents said their concerns about what is a private or NHS service stopped them from using their local pharmacy.

“It’s not clear what the charge of these services are.”

Seeking Advice and Information

Positively, **71%** of respondents were either “likely” (**39%**) or “very likely” (**32%**) to visit a pharmacy for advice or information. Respondents said they were likely to because it is the quickest way to speak to someone in person for a mild or common condition, and they wanted to avoid bothering their GP.

“A pharmacist is extremely knowledgeable and worth visiting with certain issues.”

“Pharmacists are very skilled and qualified clinicians. I feel confident in the service they provide.”

“Much easier & more convenient than getting advice/some services than trying to contact my GP centre.”

Interestingly, fewer male respondents (**63%**) and respondents aged 18–34 years old (**62%**) were “likely” or “very likely” to visit a pharmacy in comparison to women (**70%**), and those aged over 55 years old (**73%**). Carers were most likely to seek advice from a pharmacist, at **84%**.

Those who visited frequently, and those with long-term conditions were also slightly more likely to visit a pharmacy:

- **84%** of respondents visited the pharmacy daily, weekly or monthly, **75%** of whom were likely or very likely to seek advice from a pharmacist.
- **33%** of respondents had a long-term condition, of whom **77%** were likely or very likely to seek advice from a pharmacist.

Those that were unlikely (**7%**) or very unlikely (**3%**) cited previous bad experiences as the reason, in addition to considering it outside the remit of pharmacist, or being concerned about not speaking to a suitably qualified member of staff.

“I feel more comfortable discussing some things with a GP. Privacy and confidentiality concerns.”

“They have got it wrong a few times and conditions have worsened.”

“Too often I end up talking with someone more like shop assistant instead a real pharmacist. ”

One participant was concerned about whether pharmacists are adequately prepared for the increasing responsibility and workload they are being given.

“Need more clarity on pharmacy expertise. If in doubt, I'd contact GP. Feeling would be pressure on NHS funding pushes for more use of Pharmacy without necessarily providing adequate training and checks on competency and processes. Also fear that consequences of incorrect diagnosis could be severe for some conditions. Hence clarity and reassurance would be required to increase confidence in using pharmacy more.”

Trust

68% of all participants would trust their pharmacist to give medical advice or information, **26%** said they sometimes would, and only **4%** said they wouldn't. It was often the case that they would trust a pharmacist with every day, mild issues, within a certain remit.

“Staff and pharmacist need to be helpful and approachable – my now chosen chemist is both and professional. and you need to be able to know your medication is able to be available especially if it is of the type which should not just stopped. You need to have confidence in the pharmacist.”

Similarly, **62%** said they would trust a pharmacist to access their medical record, **22%** sometimes would, and only **9%** stating they would not trust a pharmacist to do this.

“I trust they are qualified and knowledgeable enough to deal with most queries and if not, I am confident they would signpost me to the correct path.”

“Very confident in my local pharmacist who helped me when I had a concern about contraindications of a new drug that I had been prescribed.”

“I feel confident to give the pharmacist the first chance of treating my condition. I am starting to experience some good value in doing so and I’m amazed how helpful and competent they are and cautious at the same time.”

However, some participants had had previous poor experiences that they felt had affected their level of trust in pharmacists.

“It’s a bit hit and miss with advice.”

“Twice I consulted a pharmacy and followed instructions and ended up in out of hours service, they should have sent me to the GP.”

Furthermore, the setting of the pharmacy meant that although they trusted the pharmacist, they didn’t feel able to share their issue, as there was not enough privacy.

“I trust their expertise but their consultations room don’t always feel that private.”

Again, carers (**82%**), those with a disability (**76%**) and those with a long-term condition (**74%**) had slightly higher levels of trust in their pharmacist, with the least trusting group being 18–34 year olds at **62%**.

Understanding of the role

Closely linked with trust was that there were clear uncertainties and concerns about receiving advice from support members of staff, and confusion around who has which expertise. **42%** of

respondents were “very confident” in their understanding of a pharmacist’s role, with a further **48%** saying they felt “somewhat confident” in their understanding. Only **7%** stated they are not confident.

“I would trust the qualified pharmacist. Not so much any shop assistant type people they may have working there.”

“I don’t know what expertise pharmacists have. I would be cautious discussing something other than a cough, cold etc with them.”

Confidence was greater amongst those aged over 55, in comparison to those aged 18–34, of whom only **15%** felt “very confident”. This is perhaps interlinked with their also being less trusting of pharmacist’s advice overall.

Those with more confidence in understanding of the role were slightly more likely to visit a pharmacy for advice, with **76%** of those who were “somewhat” or “very confident” also being “likely” or “very likely” to visit for advice.

“I think there could be more awareness about the qualifications and expertise pharmacists have.”

Integration with Primary Care

46% of respondents felt that their pharmacy and GP practice worked well together, with **30%** stating that this was only sometimes the case. This second figure rose to **40%** amongst those with a long-term condition, who are more likely to have repeat medication.

Although most respondents were generally satisfied, **8%** said they did not work well together, and there were multiple cases of miscommunication regarding repeat prescriptions. There was also frustration for many respondents that services were not taking enough responsibility for when medication was not ready, or when processes had been inefficient.

“There are still frustrations between the two. I feel they should have a better understanding of each other’s businesses and their priorities.”

“Neither GP surgery or pharmacy willing to own up to mistakes with prescription, usually results in having to explain what has gone on several times to both GP surgery and pharmacy.”

“The patient should be able to see the electronic prescription. You need to include the patients in the working well together.”

Suggestions for Improvement

When asked what would encourage them to use pharmacies more, and how they could be improved, many respondents cited that they would feel more inclined if pharmacies were less busy and had shorter queues and waiting times.

“My local is understaffed, they are rude, inefficient and so slow [...] I have never waited less than an hour in there and the queue might only be 4 or 5 people.”

“The organisation in my nominated pharmacy is shocking, resulting in delays in waiting for medicines, whether that is the same day or afterwards. They do not look at prescriptions until you arrive and then if they don't have the medicines, you have to make multiple trips - madness.”

Some respondents said they would be more likely to use pharmacies if they had more confidence in the expertise of staff members. They were often confused about the level of competency of pharmacy staff, and pharmacists in comparison to that of GPs, and would prefer to visit their GP because they had more trust in their knowledge and expertise. Some also noted that staff could be more approachable, friendly and helpful.

“Not always clear the demarcation between knowledge of pharmacist vs GP.”

“Once I asked if a certain product might be good for what I had, the assistant went to ask the pharmacist and came back with the answer “Well it can't do any harm.” This sort of attitude is obviously poor.”

“Staff and pharmacist need to be helpful and approachable and you need to be able to know your medication is available, especially if it is of the type which should not just be stopped. You need to have confidence in the pharmacist.”

As previously emphasised, opening times and accessibility were concerns for many respondents, leaving some to use online pharmacies or to visit supermarkets instead. Unsociable opening hours was particularly problematic for those with work and/or caring responsibilities.

“I have recently had to switch pharmacy as local one now does not open on Saturday which is good time to pick up meds when you work all week.”

“If I felt the pharmacy was the right place I would go but it's not easy to get to one and the last couple of years their opening hours haven't been consistent – often closed due to lack of staffing. It's easier to look online or speak to a nurse at the GP surgery.”

“Time needed to travel to and go to the pharmacy. Lack of parking.”

Linked to accessibility, a few respondents emphasised the need for pharmacies to offer free delivery services, as provided by online pharmacies. This was particularly important to those who are housebound and/or vulnerable.

“Online pharmacies provide free delivery for repeat medication and those who are vulnerable and older in society aren't able to use these services and need to rely on their high street shops, most of who don't provide free delivery which is unfair”

“Home delivery of prescriptions.”

“Delivering medication to people who can't travel to collect it.”

The need for greater privacy was also another factor that would encourage the use of a pharmacy. Some respondents shared that their pharmacy did not have a private space to discuss concerns, and that often they would have to share information about their health concerns within earshot of other customers which they found uncomfortable.

“A private space where one could ask a question and not be overheard.”

“There's a lack of privacy to discuss details in the pharmacy.”

“An easier way to have more discreet conversations. People already have to announce a lot of personal information when collecting prescriptions to a room full of strangers.”

When asked how pharmacies could support the public more, some respondents were in favour of pharmacists having greater responsibility in terms of prescribing medication for minor conditions, and offering more services.

“If the chemist was allowed to prescribe antibiotics, and giving them more power to prescribe and treat minor ailments like dressings and taking blood and urine and more.”

“Diagnosis and treatment of minor ailments and/or referral to primary care.”

A large number of respondents felt that pharmacies could make the public more aware of the essential and additional services they can offer. Linked to this, a few respondents said that pharmacies could play a key role in promoting information and education campaigns to support people in living a healthy lifestyle.

"I think they offer a brilliant range of services, but national and local communications about what they are do poor."

"Maybe the pharmacies should list their services on their windows and in the pharmacy so people know all the services they offer?"

"Information campaigns could work wonders to both pharmacies' reputation and the public's wellbeing."

Although most respondents were positive about pharmacy staff, some felt that they could receive more training, and emphasised the need for more staff to help manage waiting times, queues and delays.

"Better training and more counter staff."

"Customer service and confidentiality training."

Interestingly, a few respondents mentioned that pharmacies should become more digitalised, for example, sending customers text messages when their prescriptions are ready to collect, and setting up accounts for customers to access their prescriptions and records.

"Digitise - i.e. ability to see online or get a text when prescriptions are actually ready in the shop. (I've had text to say mine is ready and it's not, staff say the system is automated.)"

Finally, some respondents felt that pharmacies are in an optimum position to signpost customers to other services, particularly those provided by the Voluntary, Community, Faith and Social Enterprise sector. They also suggested that pharmacies could offer more health prevention services, such as NHS annual health checks and support with weight loss.

"They could help the public with things like weight loss like they do with smoking."

"Offer health prevention services."

Recommendations

These recommendations have been drawn from the suggestions of survey respondents. Most of these recommendations are practical rather than strategic, but it is important that these are seen in the context of the wider role of community pharmacy in primary care, as outlined in the recent East of England Partnership Strategy for Community Pharmacy report²⁰.

It is suggested that the Hertfordshire and West Essex ICB implement the following recommendations:

Expertise of Pharmacies

1. Promote the expertise, knowledge and qualifications of pharmacists to educate and reassure the public, and to prevent misconceptions.

Awareness of Services

2. Promote the essential services pharmacies offer, with a particular focus on advertising:
 - Discharge medicines services
 - Promotion of healthy lifestyles
 - Signposting to other sources of health and social care
 - Support for self-care

The Hertfordshire and West Essex ICB Primary Care Workstream should also encourage community pharmacies to consider the following recommendations:

Accessibility

3. Review accessibility and communication – for example, opening hours, medication delivery availability and text reminder services.
4. Review procedures and staffing deployment with a view to improving queuing, delays and waiting times.

Greater Privacy

5. Pharmacies should, where possible, ensure they promote and use a private space for customers to discuss their concerns.
6. Pharmacists and pharmacy staff should ensure they are discreet when engaging with customers by being proactive and offering to discuss the customer's query in private.

Awareness of Services

7. Pharmacies should promote the additional services their individual pharmacy offers.

²⁰ [East-of-England-Partnership-Strategy-for-Community-Pharmacy_December-2022.pdf \(hertsipc.org.uk\)](#)

8. As well as signposting to health and social care services, pharmacies should look to promote the services and support the Voluntary, Community, Faith and Social Enterprise sector offers.

Integration with Primary Care

9. Pharmacies and GP practices should work together to strengthen their communication and collaboration with one another in order to better integrate the primary care system.

