



What are pharmacies for?

The role of community pharmacies in primary care August 2023



Many people think of pharmacies as places that give out and sell medications, but their role in primary care is far wider than that.

In 2017, we asked:

- **What people knew about the services offered by their community pharmacy**
- **What services they used – and, just as importantly, why they might not use them.**

In 2023, there are plans to expand the services that pharmacies can offer to improve access to primary care. We wanted to find out if people were more aware of the services they offer five years after our original investigation and following the Covid pandemic.

What we did

We developed a survey which was online from 5 April to 13 June 2023. We also collected responses directly from the public at four libraries and by visiting seven other community spaces, groups and events. The survey was publicised via social media, and via community and service providers' newsletters.

We have looked at the data across several different demographics. This includes whether respondents live in what are often referred to as 'levelling up' wards. In Buckinghamshire, these are 10 wards identified by Buckinghamshire Council (in their 'Opportunity Bucks – Succeeding for All' initiative) as those "where residents experience a combination of inequalities".

Key findings

- + In 2017, the number of people aware that some pharmacies could offer services also provided by a GP surgery was just over half of those we talked to. In 2023, just over three quarters of respondents were aware of these services.
- + We found that those under 56 years of age, and those who identified as an ethnicity other than White British were less aware of the range of services that could be offered at a pharmacy (as well as at a GP surgery), than their counterparts.

Dispensing or disposing of medicines

- + Most people knew pharmacies supply prescribed medication.
- + Three quarters knew that they could dispose of unwanted / out-of-date medicines.
- + A lower proportion of people identifying as an ethnicity other than White British had heard of the medicine disposal service, compared to those identifying as White British. Unsurprisingly, a higher proportion of people 56 years of age and over, and those with a long term condition (LTC), also knew about this service.
- + Half of the respondents knew that a community pharmacy could provide an urgent supply of a medicine following a referral by a GP or NHS111.

Treatment of minor conditions and healthy living

- + Most people knew pharmacies provided advice about minor conditions.
- + Over three quarters of respondents told us they had sought help for a minor condition (e.g. a rash, earache or flu) from a pharmacy. Women, those aged 56+, and carers were more likely to seek advice about minor conditions there. Most feedback about their experience was very positive. The most popular reasons for using a pharmacy for this service were convenience and having obtained good information from a pharmacist in the past. A higher proportion of people living with a disability chose two out of the top three answers, compared to those without a disability. Some older people, and those with a long term condition chose the fact that there was a private consultation room in a pharmacy.
- + Of those few who told us they didn't use the pharmacy to seek help for a minor condition, 60% of the men told us they would choose to go to a GP rather than a pharmacy. This compared with just 30% of the women. However, more women, and respondents who lived outside a levelling up ward who went elsewhere for

this advice, didn't use the service because they were unaware of it. Interestingly, a higher percentage of people identifying as White British (rather than other ethnicities) said they didn't go to a pharmacy because they thought the staff were too busy to see them.

- + Half of the respondents knew that a community pharmacy could provide advice on healthy living. However, few people told us they used, or would use, a pharmacy to seek this advice. Most told us they did not need this advice.**
- + Half of the respondents knew they could seek help to stop smoking from a community pharmacist. However, there was a lower knowledge of this amongst those under 56, and people identifying as White British.**

Advice on medicines prescribed

- + Nearly half of respondents knew they could ask their community pharmacist about advice on medication following hospital discharge or when they had been prescribed new medicines for a long term condition.**

Flu vaccination

- + Most people knew they could get a flu jab at a pharmacy. Nearly three quarters had had one in the last two years. Nearly half had their jab in a pharmacy.**
- + There has been an increase in awareness, and use, of the flu vaccination service since our last report in 2017. This may be as a result of Covid vaccinations also being given at pharmacies or free flu jabs from 50 rather than 65 years of age in 2022/23. People's experience might have led to an increase in public confidence in pharmacies being a good alternative to a GP for this service. The main reasons people told us for getting a flu jab at a pharmacy was convenience and having used this service in the past. A higher proportion of people living in levelling up wards chose because it's "easy to get to" as an answer, compared to those living in other wards.**
- + Of those who had a flu jab elsewhere, most had it at a GP surgery because it was the easiest option or because someone at the surgery offered it during a phone call / visit to the surgery.**

Blood pressure checks

- + Two thirds of respondents were aware they could get their blood pressure checked in a community pharmacy.**

- + **While less than 16% told us they had used a pharmacy for a blood pressure check, or to get advice about a new medicine prescribed for a long term condition, 63% told us they would use these services at a pharmacy. Interestingly, a higher proportion of those visiting a pharmacy less than once a month said they would use the blood pressure check service there, compared to more regular users.**
- + **However, when asked whether they would use the blood pressure check service in the future, men and those aged 56 years or older were more unlikely to use it at a pharmacy compared to women and younger people respectively.**

Sexual health services and Ask ANI

- + **Nearly half of the people asked knew they could acquire emergency contraception or chlamydia screening at a pharmacy. There was greater knowledge of sexual health services at a pharmacy amongst younger people; those identifying as an ethnicity other than White British; those living without an LTC; and those living in a levelling up ward than compared to their counterpart groups.**
- + **Whilst less than 8% had used a pharmacy for emergency contraception or chlamydia screening service, 38–40% said they would use these services at a pharmacy. Women, those under 56, and those identifying as an ethnicity other than White British were more likely to use the emergency contraception service, compared to men, those over 56, male and those identifying as White British. A higher proportion of those visiting a pharmacy less than once a month said they would use the chlamydia screening service, or contraception service, compared to regular users.**
- + **Awareness of the Ask for ANI (Assistance Needed Immediately) scheme was very low.**

General Comments

- + **Whilst many people told us their local pharmacy was caring and they received a good service, others were concerned about access to local pharmacies, understaffing and a wait for certain types of medication.**

Our recommendations

We recommend that the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), work with Community Pharmacy Thames Valley (representing local pharmacy contractors) and community pharmacies to:

- Increase publicity to improve awareness and usage of services in line with the NHS [Delivery plan for recovering access to primary care](#)**
 - e.g. look at how to increase knowledge of services amongst those under 56 or identifying as an ethnic background other than White British
 - e.g. publicise services which the public are unaware of such as Ask ANI
 - e.g. demonstrate the expertise/qualifications of pharmacists as well as advertising the private consultation rooms available at most pharmacies.
- Consider our findings alongside other research in this area.**

We recommend that Buckinghamshire Council work with service providers to:

- Encourage more people to use healthy living services at pharmacies to help them stay healthy**
- Consider our findings alongside other research in this area.**

We recommend Community Pharmacy Thames Valley

- Enables patients to feed back their experiences, following a visit to a pharmacy, and use it to improve their service.**
 - e.g. restart the community pharmacy patient questionnaire
 - e.g. create an easy mechanism of collecting frequent positive and neutral feedback (as a complaints process is already available) such as on Healthwatch Bucks website.

What the project was about

Background

The amount of feedback we have received from the public about pharmacies doubled between 2021 and 2022. While still low volume in comparison to feedback on other primary care services (dentistry and general practice), the feedback we receive about pharmacies tends to be negative. Primary Care is one our annual priorities for this year; community pharmacies are integral in building capacity within the NHS primary care system, '[Delivery plan for recovering access to primary care.](#)'

This project, to assess, and raise, awareness of community pharmacies, also fits with the Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board's (BOB ICB) aims of:

- **Improving the health and wellbeing of people in our area**
- **Supporting people to stay well and independent**
- **Acting sooner to help those with preventable conditions.**

While we expected those who visit community pharmacies frequently to be aware of a range of services available, we also expected many of the public to have lower levels of awareness.

Our Aims

We wanted to find out what people knew about the services offered by some community pharmacies in Bucks. We wanted to increase awareness of the services that are available to help reduce the burden on other parts of the healthcare system and to find out resident's views on them. The project looked to:

- **Highlight awareness levels in Bucks and increase it amongst those we spoke to**
- **Enable the public to feed their views into pharmacy practice in Bucks**
- **Tell us about their experience of these services.**

Who talked to us

Full details about who talked to us, and where we met those we talked to face-to-face, can be found in Appendix 3. We met 44% of our respondents face-to-face, and the rest completed the survey independently online. All respondents had visited a community pharmacy (sometimes called a chemist or high-street pharmacy) in Bucks. We found the following:

- **67% (175/263) identified as White: British, 17% identified as Asian / Asian British: Pakistani and 4% as Asian / Asian British: Indian.**
- **70% (186/267) identified as a woman and 29% as a man**
- **47% (122/261) said they had a long term condition (LTC).**
- **The median age was 61.**
- **Of the 195 people that gave full postcodes, 54 (28%) lived in levelling up wards.**

What we heard

This report reflects the views of the 272 people who completed our survey. For some questions, people could choose multiple answers. For these, the number of responses may exceed the number of people who answered the question. Full details about how people answered our questions can be found in Appendix 4.

We have looked at how people responded to our survey in 2023, and, where appropriate, have compared these results with [a similar report we wrote in 2017](#).

When asked how often people visited a pharmacy. 55% (147/268) of those who answered the questions said at least once a month for themselves and 45% (78/173) for someone else. However, 17% visited weekly or fortnightly. The rest went less frequently.

Awareness of Services

77% (209/270) of people said they were aware that some community pharmacies could offer services also provided by a GP surgery.

Further analysis showed very strong evidence of differences in responses based on age, and on ethnicity:

- We found that those aged 56+ were more aware of the range of services on offer at a pharmacy than younger people. (A higher proportion of people in the “55 and under” group said “No” or “Not sure”, compared to the “56 and over” group.)
- Those identifying as an ethnicity other than White British were generally less aware of these services than those identifying as White British. (A higher proportion of people in the former group said “No” or “Not sure”, compared to the latter group.)

We asked more about individual services.

Dispensing or disposing of medicines

- Most people knew pharmacies prescribed medication.
- Three quarters knew that they could dispose of unwanted / out-of-date medicines.
- Half knew that they could provide an urgent supply of a medicine following a referral by a GP or NHS111.

When we looked at medicine disposal results in detail, we found strong evidence of a difference in responses based on age, on ethnicity, and on whether person had a long-term condition.

Notably, a higher proportion of people identifying as White British had heard of this service, compared to those identifying as an ethnicity other than White British. Less surprising were the following two results, since age and living with an LTC seems a strong indicator of increased pharmacy use.

- **A higher proportion of people in the “56 and over” group had heard of this service, compared to the “55 and under” group.**
- **A higher proportion of people living with an LTC had heard of this service, compared to those without.**

Advice on treatment of minor conditions and healthy living

- **Most people knew pharmacies provided advice about minor conditions.**
- **Half knew that a community pharmacy could provide advice on healthy living. This was a similar percentage to those who knew about this service when we asked the same question in 2017.**
- **Half of the respondents knew they could seek help to stop smoking from a pharmacy.**

Further analysis showed strong evidence of a difference in responses regarding help to stop smoking based on age and on ethnicity. A greater percentage of those 56 years of age and over, and of people identifying as ethnicities other than White British had heard of this service.

We also found very strong evidence of a difference in responses based on whether the person lived with an LTC. A lower proportion of people living with an LTC had not heard of this service, compared to those without. However, a higher proportion of people of people living with an LTC were “Not sure” if they had heard of this service, compared to those without an LTC.

Advice on medicines prescribed

- **Nearly half of respondents knew they could ask their community pharmacist about advice on medication following hospital discharge or when they had been prescribed new medicines for a long term condition.**

Flu vaccination and blood pressure checks

- **Most people knew pharmacies could give them a flu jab. Two thirds were aware they could get their blood pressure checked in a community pharmacy.**

“Think it’s a great service as getting an appointment with a doctor can very difficult.”

Other Services

- **42% (113/269) of the respondents knew they could acquire emergency contraception or chlamydia screening at a pharmacy. In our 2017 survey, this figure was 39%.**

Further analysis showed that certain groups were less aware of these sexual health services at a pharmacy. We found very strong evidence of a difference in responses based on age. A higher proportion of people in the “55 and under” group had heard of this service, compared to the “56 and over” group. We also found strong evidence of a difference in responses based on: living in a levelling up ward; ethnicity; and on whether the respondent had an LTC.

A higher proportion of people:

- **Identifying as an ethnicity other than White British had heard of this service, compared to those identifying as White British.**
- **Living without an LTC had heard of this service, compared to those living with an LTC**
- **Living in a levelling up ward had heard of this service, compared to those that did not.**
- **Only 14% (38/271) had heard about the Ask for ANI (Assistance Needed Immediately) scheme provided by any pharmacy.**

When we looked at this in detail, we found strong evidence that fewer people aged 56 and over had heard of this service, compared to those aged 55 and under. We also found strong evidence of a difference in responses based on gender. However, the difference showed in the “No” and “Not sure” answers. This suggests that awareness of this service is low regardless of gender. The key finding here is that only 16% of the women we spoke to responded “Yes”.

Conclusion

When comparing awareness levels in 2017 to 2023, people were generally more aware of some services which have been available at a community pharmacy for at least the last five years. For example, in 2017, 77% of those we asked said they knew a pharmacy that offered a flu vaccination service. This has increased to 92% in 2023. However, this was not the case for all services. For example, awareness that pharmacists could provide advice on healthy living has remained at the same level.

We saw some differences in awareness depending on certain demographics. Apart from flu vaccination service where there was a good all-round knowledge, these were most noticeable between age groups.

What services have you used and why?

Advice for a minor illness / injury

81% of respondents told us they had sought help for a minor condition (e.g. a rash, earache or flu) from a pharmacy. This has increased from 77% of those we asked in 2017. Further analysis showed that certain groups were more likely to seek advice about minor conditions at a pharmacy. These were women, those 56 years of age and over, and carers.

The top reasons that people gave for going to a pharmacy for this advice were:

1 The pharmacy is easy to get to.

We found strong evidence that a higher proportion of people 56 and over years of age, chose this answer, compared to 55 and under.

2 I don't have to make an appointment.

We found strong evidence that a higher proportion of:

- People living with a disability chose this answer, compared to those without a disability.
- Women chose this answer, compared to men.
- White British people chose this answer, compared to those from Non-White British ethnicities.

3 I had good advice and information from a pharmacist in the past.

We found strong evidence that a higher proportion of people living with a disability chose this answer, compared to those without a disability.

For some people with a long-term condition, and those who were 56 and over, they liked the fact there was a private consultation room to talk privately to the pharmacist

Many told us a little about their experience. Most told us it was good or excellent.

“It was very easy - I just booked an appointment online (within 30mins) and went down to the pharmacist. He was helpful and gave me some eye drops and said if it got worse then I would need to see a GP but the infection cleared up with the drops he gave me, and I didn't need to see a GP.”

“The pharmacist was very knowledgeable and helpful, but above all, very friendly and reassuring.”

There were a few negative comments including occasional queues and not having medication in stock.

45 other people told us where they preferred to go for advice on minor injuries.

The top answers were:

- 1 GP surgery**
- 2 NHS website**
- 3 NHS 111**

We asked why they chose not to seek advice from a pharmacist and went elsewhere.

The top answers were:

- I would prefer to get this sort of advice from a doctor or nurse.
- I didn't know this service was available at the pharmacy.

When we looked at this in detail, we found strong evidence that a higher proportion of women, and those that did not live in a levelling up ward chose this response, compared to men or those living in a levelling up ward.

- I haven't needed advice about a minor illness.
- The staff are busy, and I don't think they will have time for me.

When we looked at this in detail, we found strong evidence that a higher proportion of people identifying as White British chose this response, compared to those identifying as an ethnicity other than White British.

We also found strong evidence that a higher proportion of women, compared to men chose the response “If [I] need any medication then I need to see a GP to get it on prescription for free rather than pay for it over the counter”.

We looked at responses, comparing those who said they would go to the GP with those that gave other answers. We found strong evidence that a higher proportion of men chose said they would go to a GP, compared to women.

Having a flu jab

72% (196/272) of people said they’d had a flu jab in the last 2 years. The majority of these were aged 56+. 47% (92/196) of these told us they had had it at a pharmacy. This is a big increase from only 18% in 2017.

The top reasons that people gave for going to a pharmacy for a flu jab were:

- **The pharmacist could do it at a time that was convenient for me.**
- **The pharmacy is easy to get to.**

We found some evidence that a higher proportion of people living in levelling up wards chose this answer, compared to those living in other wards.

- **It is quicker than making an appointment to see my GP.**
- **I have had a flu jab and / or Covid jab at a pharmacy in the past.**

Many told us a little about their experience. Almost all were positive.

“It was good, with no waiting around at a time that suited me.”

“It was all very easy and well-run. Would prefer to go to a pharmacy for a flu jab than a GP surgery as the pharmacist is normally running on time so you know you won't have to wait.”

A few were negative saying the pharmacy was chaotic, there was too much admin., and, for some, online forms or bookings didn't work for them.

“Very poor service from Boots for flu jabs. It’s very difficult to get an appointment... I managed to get an appointment with over a months’ wait but it was cancelled by Boots and they rebooked it for a time I could not attend. I eventually gave up trying to get an appointment in January 2023 so haven’t had a flu jab this year.”

At least 101 (51%) people told us their reasons for going elsewhere for going elsewhere for a flu jab. The top answers were:

- **It is easier to go to my GP surgery**
- **I had it at my GP surgery because a GP / nurse phoned to arrange an appointment or offered it during a visit to the surgery**
- **I didn’t know this service I could have this done at a pharmacy**
- **I received it at work.**

Seeking Healthy Living Advice

Only 17 respondents we talked to had visited a pharmacy to seek advice on healthy living. The top reasons people gave for going to a pharmacy for this sort of advice were:

- **I have had good advice from a pharmacist in the past.**
- **The pharmacy is easy to get to.**
- **I know that a pharmacist has the relevant knowledge.**

56% (152/272) people said they’d had not needed to seek advice for stopping smoking, healthy eating or physical activity.

The other 86 people, who said they had gone elsewhere for healthy living advice, told us why they chose not to visit a pharmacy for this advice. The top reasons were:

- **I didn’t know I could ask a pharmacist about this sort of thing.**

“I had no idea this was a possibility. It’s not advertised or encouraged by the pharmacies.”

- **I would ask friends family or look for advice on the internet.**

“I would use a reputable site on the internet such as <https://www.nhs.uk/live-well/>”

- **I would prefer to talk to my GP about this sort of thing.**

- **The staff are busy, and I don't feel that they would have the time.**

A few additional comments were left. A couple chose not to visit a pharmacy because they felt that they could not provide advice on nutrition or referrals to a dietician. A few were concerned about the lack of privacy.

"I think we need to stop discussing private things over counter for the risk of saying names address date of birth it's confidential... anyone can listen and safety issue at stake."

Other services

We asked people whether they had used or might use a range of services.

Blood pressure check and new medicine service

- **Only 13% told us they had used a pharmacy blood pressure check service and only 16% to get advice about a new medicine prescribed for a long term condition.**
- **63% told us they would use a pharmacy blood pressure check service and / or to get advice about a new medicine prescribed for a long term condition. We found very strong evidence of some differences in response based on age and on gender. A higher proportion of people in the "55 and under" group said they would use this service, compared to the "56 and over" group. Also, a higher proportion of women said they would use the service, compared to men.**
- **Interestingly, we found strong evidence of a difference in responses based on how often the respondent went to the pharmacy for themselves. For both the blood pressure checking and "new medicines for a long term condition" services, a higher proportion of irregular users (visited less than once a month) said they would use them, compared to regular users.**

Sexual Health

Only 8% had used a pharmacy for emergency contraception, yet 40% said they would use it. Almost no one had used the chlamydia screening service, yet 37% said they would.

We looked at responses on emergency contraception in detail and we found very strong evidence of several differences. A higher proportion of people:

- **in the "55 and under" group said they had or would use the service, compared to the "56 and over" group.**

- **Identifying as an ethnicity other than White British said they would use the service, compared to those identifying as White British.**
- **Living with an LTC said they would not use the service, compared to those without.**

We also found strong evidence of a difference based on gender. A higher proportion of women said they had or would use the service, compared to men. Obviously, this is not surprising as emergency contraception is for women.

Regarding chlamydia screening, we found the same very strong evidence of a difference for age and whether the person was living with an LTC.

The differences based on age for sexual health screening and contraception are perhaps unsurprising. The difference regarding living with a long-term condition is more interesting, However, we must consider the very strong link between having an LTC and being in the “56 and over” age group.

We found strong evidence of a difference in responses based on how often the respondent went to the pharmacy for themselves. A higher proportion of irregular users (visited less than once a month) said they would use the chlamydia screening service, compared to regular users. We found similar, but less strong, evidence regarding the emergency contraception service.

Please note that chlamydia screening is no longer available at community pharmacies. People should instead order kits [online](#) or visit a sexual health clinic.

Advice to help stop smoking

37% said they would use the stop smoking service.

When we looked at this in detail, we found very strong evidence of a difference in responses based on age, on ethnicity and on having an LTC. Since we don't know what proportion of each of these groups is currently a smoker, we must be cautious about broadly interpreting these results. We found that a higher proportion of people:

- **In the “55 and under” group said they would use the service, compared to the “56 and over” group.**
- **Identifying as an ethnicity other than White British said they would use the service, compared to those identifying as White British.**
- **Living with an LTC said they would not use the service, compared to those without.**

Conclusion

Many people told us that these services were not relevant to them, which is why they said they would not use the services. The reasons some gave were that they were not sexually active, didn't smoke or have high blood pressure. However, some recognised that by knowing that the services existed they might be able to inform others who might find them useful.

"I don't smoke but can tell someone who does about the service."

A few said they had not used the stop smoking or blood pressure check service as they were not aware that the pharmacist offered them.

There are some people in Bucks who are not aware of some services, available at pharmacies, yet they would use them if they needed to. However, further analysis showed that certain groups were less likely to use certain services at a pharmacy. We do not know whether these groups would not use them because they would prefer to go elsewhere or because they felt this service was not relevant to them.

Any other comments?

We received 82 comments. About half were positive and half negative. We have summarised these by theme.

Positive comments

"Wonderful service and easier to talk to or get an appointment with GP."

- Two thirds of the positive comments related to service organisation. People were pleased with the service they received and the convenience of their location.

"A hugely valued, integral part of our community."

- A quarter of the positive comments directly related to pharmacy staff being caring and helpful.

"They are generally friendly staff members, have long hours & knowledgeable as much as GPs."

- A few commented on their services being accessible.

“It’s really good to be getting services in pharmacies so they are more accessible to people. This can free up GP appointments for those who need them.”

Negative comments

“They are being asked to do too much without funding and shortage of staff and medication.”

- **A third of the negative comments related to staffing levels and / or training. People commented that staff seemed rushed or very stretched.**

“Understaffed. My surgery has doubled in size, but the pharmacy has not.”

- **A quarter of negative comments were about service organisation and how busy pharmacists are.**

“My request would be fix the core service before trying to expand further.”

- **A quarter of negative comments were about access to services. These included comments about local Lloyds pharmacies closing and a request for new pharmacies to open.**

“We would like one on Berryfields please.”

- **A few comments were about people having to wait longer than they expected / were used to for medication.**

“I have my prescriptions delivered but I’m finding the delay between putting my prescription in & delivery is getting much longer & sometimes 1 particular item is unavailable, so I have to go without for a month.”

- **There were a couple of comments about pharmacies publicising services better.**

“Pharmacies don’t seem to advertise their services very well. If people knew more about what they offer, they might not bother their GP for some of their issues, leaving the GP to focus on more difficult stuff (and making it easier for patients to talk to or see their GP).”

Acknowledgements

We thank all the people who met us and told us about their experiences. We also thank all those community services and groups who enabled us to collect feedback directly from their clients. A list of these can be seen in Appendix 2.

Disclaimer

Please note this report summarises what we heard from some Buckinghamshire residents about pharmacy services. It does not necessarily reflect the experiences of all those who use these services. In addition, not all community pharmacies have signed up to provide all the services discussed in this report.

If you require this report in an alternative format, please contact us.

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