



# Access and barriers to NHS Community Pharmacies in Birmingham

June 2024



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# Executive Summary

## Background

Community pharmacies are one of the most frequently visited services in primary care. There is now recognition that community pharmacies can provide more than the traditional supply function to clinical activities. In the third year (2021) of the five-year Community Pharmacy Contractual Framework, a recommitment was made regarding the role of community pharmacies to include the provision of more clinical services, support in managing demand in general practice and urgent care settings and being the first point of call for healthy living support as well as minor illnesses.

In 2021, over 6,000 community pharmacies across England began identifying cardiovascular disease by carrying out over 100,000 blood pressure checks. From April 2023, community pharmacies also started to manage ongoing oral contraception for women (Community Pharmacy England, NHSE and Department of Health and Social Care, 2023; The Kings Fund, 2020; Warner 2021). In January 2024, Pharmacy First was launched, enabling pharmacists to provide treatment for seven conditions across a range of ages (e.g. sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women). They will also supply NHS medicines based on clinical need and medicines include some prescription only medicines under Patient Group Directions to treat these seven common health conditions.

## Objectives

This study analyses people's experiences of clinical/health related advice/treatment and services provided through NHS community pharmacy services in Birmingham. We aimed to understand the facilitators and barriers for patients using NHS community pharmacies, and to explore their views on how these services can best meet their needs. The report also outlines some areas for improvement that NHS community pharmacies can take to improve people's experiences.

## Methodology

Feedback about NHS community pharmacies was gathered via a questionnaire shared through social media (Facebook, Nextdoor, X and Instagram) and various stakeholders including community pharmacies, third sector organisations and community groups between January and February 2024. We also visited pharmacies in more deprived areas, or areas with large proportions of minority ethnic groups, providing printed materials with a telephone number and email address for people to contact us if they could not complete the form online. We visited 40 pharmacies in 10 areas<sup>1</sup>, alongside five libraries and one community centre in order to engage with residents<sup>2</sup>.

We also attended six events that would allow us to reach underserved groups, such as a prostate cancer event for Black men<sup>3</sup>. A total of 466 responses were analysed to write this report.

<sup>1</sup> Areas visited include: Sparkhill, Sparkbrook, Lozells, Quinton, Handsworth, Alum Rock, Sutton Coldfield, Washwood Heath, Yardley, Harborne and all main pharmacies in Birmingham city centre.

<sup>2</sup> Harborne Library, Quinton Library, Sparkhill Library, Birmingham Central Library, and Sparkhill Adult Community Centre.

<sup>3</sup> Other events include two events at Quinborne Community Centre; one event at Masjid Usman and Lozells Central Mosque respectively; and one at Sure Start centre Ladywood.

In addition, we ran a poll on social media asking, “How would you feel if a GP receptionist referred you to a pharmacy instead of giving you an appointment with the GP for a minor illness?”<sup>1</sup>. This garnered 4212 responses. Ninety-two comments on our social media posts have also been analysed as feedback.

## Key findings

Our research found that usage of community pharmacies in Birmingham is high, with 84% having used a pharmacy in the last three months. People also express high levels of satisfaction with the pharmacy services they access, with 79% rating them as good or very good, and 83% saying services met their needs.

Sixty-seven percent of respondents had used a local pharmacy for clinical or health related advice or treatment. The most common reasons given by the people who use a community pharmacy for clinical or health related advice or treatment are:

- Quicker than making a GP appointment (58%).
- Previously received good advice from a pharmacist (57%).
- Pharmacists have relevant knowledge (56%).
- Ease of access (52%).

The most common reasons given for not using a community pharmacy for clinical or health related advice or treatment are:

- Preference for a GP appointment (42%).
- Lack of private spaces or consultation rooms to discuss issues with a pharmacist (35%).
- View that pharmacists do not have the right medical expertise (30%).
- Not being able to access free prescriptions (27%).

There is low awareness of the range of services NHS community pharmacies can provide, for example healthy eating (25% of respondents), and referral (16%) to other health services. Only 17% were aware that the pharmacist can prescribe some medications independent of a doctor. Awareness is high for pharmacies’ dispensing function (72%), flu vaccinations (74%) and advice for minor health problems (76%).

Some respondents still prefer to see the GP over pharmacists or other healthcare professionals, especially those with a long-term condition (84%). Community pharmacists’ skills and expertise are seen to lie in medicine dispensing rather than clinical issues. This highlights the need for more awareness of pharmacists. In addition, people prefer a referral to pharmacies for minor issues to be made by the GP rather than the receptionist. This highlights the importance of the role of the GP in building confidence in community pharmacy.

Ease of access, convenience, pharmacists’ expertise and professionalism, facilities and privacy are the key facilitators enabling people to access community pharmacists.

Low awareness of pharmacy services, limited facilities (lack of consultation rooms and access to medical records), privacy and confidentiality, pharmacists’ knowledge and expertise are the main barriers to using community pharmacies.

<sup>1</sup> People had five choices to choose from ‘very comfortable, fairly comfortable, not very comfortable, not at all comfortable, and don’t know.’

## Key areas for improvement

**Awareness:** The lack of information and awareness of clinical/healthcare services delivered by NHS community pharmacies shows more could be done to promote their role in delivering healthcare, particularly in raising awareness of pharmacy services (e.g. Pharmacy First) and public understanding of pharmacists' knowledge and skills.

Convenience and ease of access compared to other primary care services are a key advantage of community pharmacies. People like the fact pharmacies do not require an appointment, although some want some level of predictability in the system<sup>1</sup>. People's experiences of accessing pharmacy services have a considerable impact on their attitudes towards the service, their perceptions of pharmacists, and ultimately their preference for pharmacy led services.

**Facilities:** Support for pharmacies to ensure the availability of a consultation room will reassure service users of privacy, anonymity, and confidentiality. Pharmacies should have access to IT systems to view and add to medical records, ensuring continuity of care and also patient confidence in the treatment and advice provided.

There is also a need to ensure the accessibility of pharmacies for people with a disability and language barrier (e.g. wheelchair accessibility).

**Reputation of pharmacists compared to GPs:** To achieve better integration of NHS community pharmacies into primary care, it is crucial to improve confidence in pharmacists through the referral process and by improving people's experiences when they access services.

The prevailing public view that clinical care is the sole purview of GPs, and medicine management is for pharmacists, needs to be addressed. GPs should be at the forefront of sharing information and raising awareness about the role of pharmacists. GPs can also increase public trust in pharmacies by making more referrals to these services where appropriate, thus demonstrating their own professional confidence in pharmacies.

## Next steps

We have shared this report and its findings with the Birmingham and Solihull Integrated Care Board (NHS BSOL), NHS Office of the West Midlands and Birmingham and Solihull Local Pharmaceutical Committee (BSOL LPC). The report, including the responses of NHS BSOL (see below) and BSOL LPC (see Appendix 1) will be published on the Healthwatch Birmingham website and shared with participants and other relevant stakeholders.

Six months after publication Healthwatch Birmingham will produce a follow-up report highlighting progress on actions that have been committed to by providers and commissioners. We will require them to provide evidence to demonstrate that those changes have been made and an indication of targets met and how these have been achieved.

## Acknowledgements

We would like to thank everyone who shared their experiences. We are also grateful to NHS BSOL, NHS Office of the West Midlands and BSOL LPC for their support throughout this study. We would also like to thank all the organisations that helped us access service users, particularly the community pharmacies who shared the survey and displayed posters.

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<sup>1</sup> This view was most common among those who work and need time off to access a community pharmacy. Others did not want to wait in a queue with those using the community pharmacy for non-healthcare related issues.



## NHS BSOL Response

**As the commissioner of NHS pharmacy services in Birmingham and Solihull, NHS BSOL has responded to our findings by outlining current planned activity to embed Pharmacy First in primary care. We will be working with NHS BSOL, community pharmacies and BSOL LPC to further develop these plans to address specific issues around public awareness, GP referrals and facilities that we have identified.**

'Locally, the NHS is working hard to transform services for patients; with a vision to integrate services so that care is available as close as possible to citizens' homes and the right care is delivered in the right place at the right time.

BSol ICB is driving this transformation through a number of strategic approaches including work currently underway to improve patient access to primary care services. Pharmacy First is an integral part of this work, enabling us to free-up capacity in GP practices so the right patients are being seen by the right clinical professionals.

To ensure its effective implementation, we have prioritised working with GPs and pharmacists to drive at pace the rollout of Pharmacy First. We've also incentivised it – including it in our Extended Services Offer for GPs, with 94% of community pharmacies across Birmingham and Solihull have so far opted to provide the service.

Despite Pharmacy First being in its infancy, having launched nationally on 31 January 2024, we are already seeing positive results in Birmingham and Solihull and we welcome Healthwatch's report which reinforces our existing data that demonstrate there is high use of community pharmacies and high levels of satisfaction in their service.

In fact, latest data show that BSol ICB is the best performing of the 11 ICBs in the Midlands in terms of Pharmacy First consultations, and the rate of referrals continue to grow. Between 31 January and 30 April 2024, GP practices across Birmingham and Solihull have made a total 10,804 referrals to Pharmacy First. This means that thousands of patients have been treated in the community by their pharmacist who would have otherwise gone to their GP. Given this rapid progress, we will be working with GPs, pharmacists, and NHS England colleagues to plan a broader public awareness campaign ahead of winter to support our wider strategic work proactively planning ahead to prevent and tackle the pressures that winter brings.

Meanwhile, we have staff with roles dedicated to leading community pharmacy integration who are playing a pivotal part in driving Pharmacy First as it evolves; ensuring the right conditions and incentives are in place for its uptake to continue through GP referrals and pharmacy sign-up. We are currently targeting the 6% of pharmacies not yet signed up to Pharmacy First, while the ICB has been working more broadly to ensure pharmacies comply with relevant statutory requirements around availability and quality of consultation rooms to ensure positive patient experience. In May 2023, we also introduced access to interpreting services in community pharmacies to ensure accessibility for members of the public with language barriers.

It is heartening to see, and as demonstrated through Healthwatch's research, our early work to embed Pharmacy First is already creating the conditions and infrastructure that will allow us to deliver more and more through pharmacy and wider community services.

Through strong leadership we will continue to build on this through the work of our new Community Care Collaborative, launched in December 2023. A partnership across health and social care, the Collaborative is supporting us to achieve our strategic vision to integrate services and deliver them closer to home while implementing both our primary care recovery access plan and the recommendations of Professor Claire Fuller's stocktake on integrated primary care.'

## Introduction

Healthwatch Birmingham has seen an increasing amount of feedback about community pharmacy in the past year covering a range of issues including accessibility, medication changes and availability, prescriptions and dispensing, advice and support, waiting times, communication with patients and between pharmacy and the GP.

## Background

Community pharmacy makes up one of the four pillars of the primary care system and sits alongside GPs, optical services and dentistry. A range of staff including registered pharmacists, registered pharmacy technicians, pharmacy assistants, managerial and administrative staff work within pharmacies. Community pharmacies are usually independent businesses contracted by the NHS under the Community Pharmacy Contractual Framework. This framework sets out the services that need to be provided, how quality is assured and expectations (e.g. on safety). Community pharmacies are most known for their dispensing function, but their role is much broader (The King's Fund, 2020). In 2021 there was recommitment to an enhanced role for community pharmacies that included provision of more clinical services, support in managing demand in general practice and urgent care settings and being the first point of call for healthy living support as well as minor illnesses. In addition, a three-year programme of education and training was introduced to enhance pharmacists clinical and patient consultation skills<sup>1</sup>.

On 31 January 2024, Pharmacy First was introduced to help pharmacies support their communities in staying well and their local systems to meet the needs of their populations. The clinical pathways element of Pharmacy First enables pharmacists to offer advice to patients and supply NHS medicines (including some prescription-only medicines under Patient Group Directions), where clinically appropriate, to treat seven common health conditions: sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women. To support Pharmacy First, all contractors should update their profile on Profile Manager so that they can be found by healthcare professionals making a referral. Also, IT systems are being improved to improve how GP records are updated following the provision of pharmacy services<sup>2</sup>.

It must be noted though that these developments have come alongside a number of challenges faced by community pharmacists. There is a UK medicine shortage crisis<sup>3</sup>. In addition, there are staff shortages, and the number of community pharmacies has reduced by over 1,100 since 2015, of which 34.9% were in the most deprived communities<sup>4</sup>.

## Demographics and information about participants

After cleansing the data, a total of 466 responses were analysed to write this report. Table 1 (see Appendix) shows the demographics of those that participated in the study and responded to the questionnaire.

Seventy-five percent of the people who completed the questionnaire were responding on their own behalf while 5% were doing so as family members or friends. Twenty percent of the respondents that indicated 'other' were responding as members of the public. Overall, 95% of

<sup>1</sup> NHS England » [Community pharmacies to be at the forefront of NHS efforts to save lives](#)

[Community Pharmacy Contractual Framework 5-year deal: year 3 \(2021 to 2022\)](#) - GOV.UK ([www.gov.uk](http://www.gov.uk))

<sup>2</sup> NHS England » [Delivery plan for recovering access to primary care](#)

<sup>3</sup> [Special report: the UK's medicines shortage crisis](#) - The Pharmaceutical Journal ([pharmaceutical-journal.com](http://pharmaceutical-journal.com))

<sup>4</sup> [Pharmacy](#) - Health and Social Care Committee ([parliament.uk](http://parliament.uk))

those who completed the survey were service users.

A majority of those who responded to the survey were women (63%) compared to 33% men. Women were more likely to have more recent experience of using a pharmacy with 65% having used one in the past three months. Men’s experience of using a pharmacy tended to be in the past 3–6 months. We received more feedback from older people with 38% being 65 years and older. Twenty-nine percent were aged between 50 and 64 years, 25% between 25 and 49 years and 5% 18 and 24 years.

Over half (51%) of the respondents told us they have a long-term health condition, 20% said they have a disability, 15% are carers and 2% said English is not their first language. Some of the long-term health conditions were high blood pressure, asthma, diabetes, mental health, arthritis, kidney concerns, eczema, sensory concerns, thyroid, epilepsy, long covid and osteoporosis. Based on respondents (n=272) that left us their postcode most (25%) were from the most deprived areas of Birmingham.

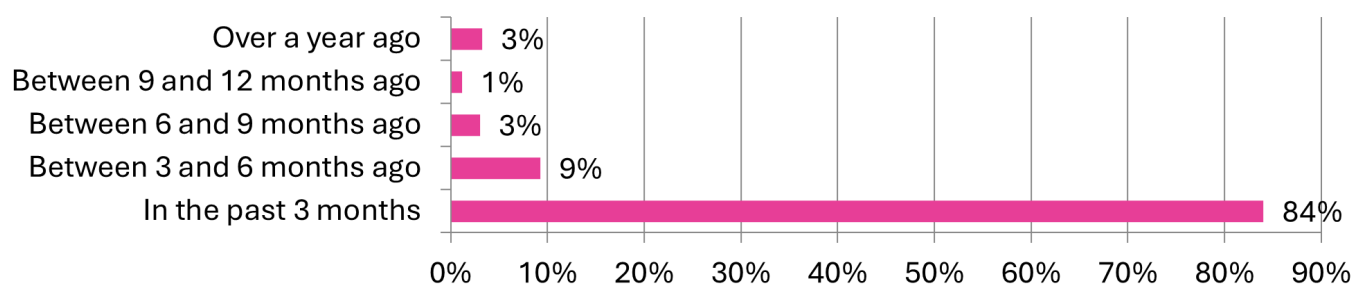


## Findings

### Use and perception of community pharmacies

Use of community pharmacies is high, with 84% of respondents having used a pharmacy in the past three months. Only 3% of the respondents used a pharmacy over a year ago. The majority (93%) of experiences in this report took place less than six months ago (see Fig 1).

**Fig 1: When was the last time you used a pharmacy?**

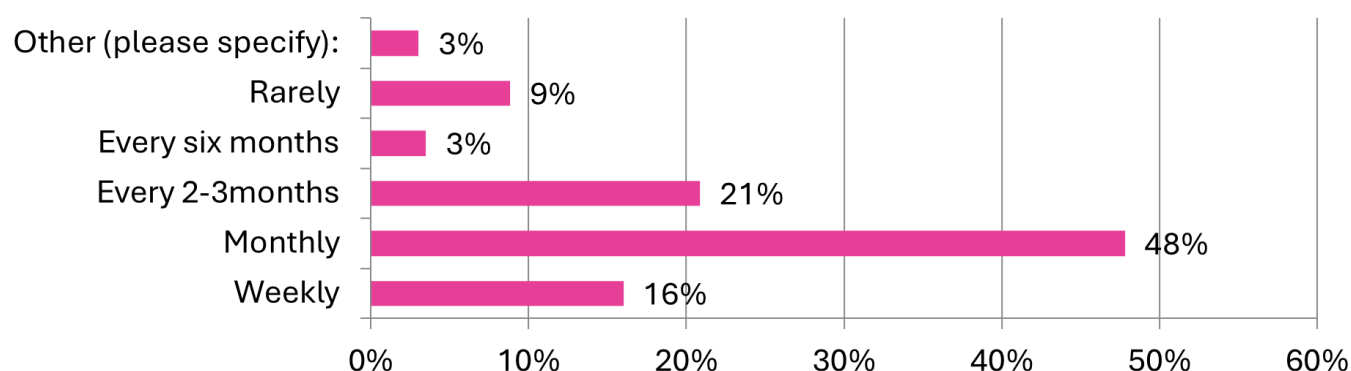


Respondents that indicated they have a disability were the group most likely to have used a pharmacy most recently. Ninety-one percent of those that said they have a disability visited a pharmacy in the past three months. Eighty-nine percent of those with a long-term health condition used a pharmacy in the past three months; this is 87% for carers, 71% for those for whom English is not their first language and 82% for those for whom these four characteristics were not applicable<sup>1</sup> (see Appendix Table 2).

<sup>1</sup> Respondents who indicated that they do not have a disability, a long term condition, are a carer or for whom English is not their first language.

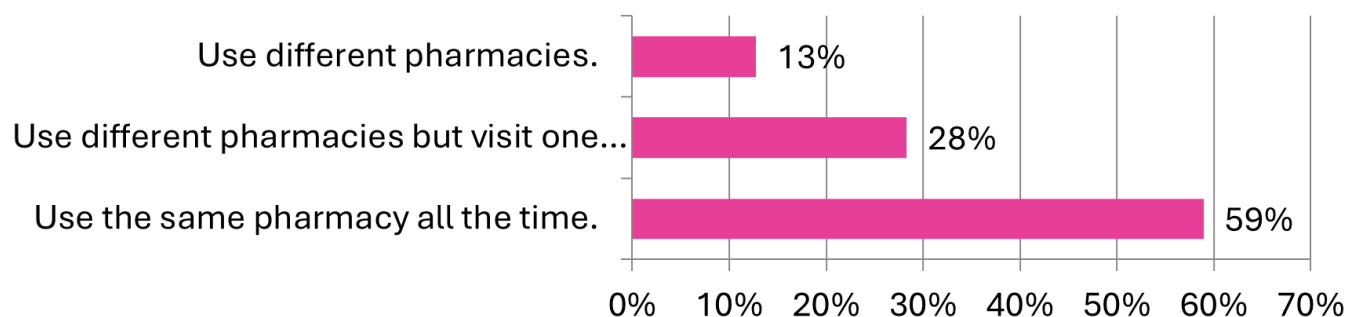


**Fig 2: How often do you use a pharmacy?**



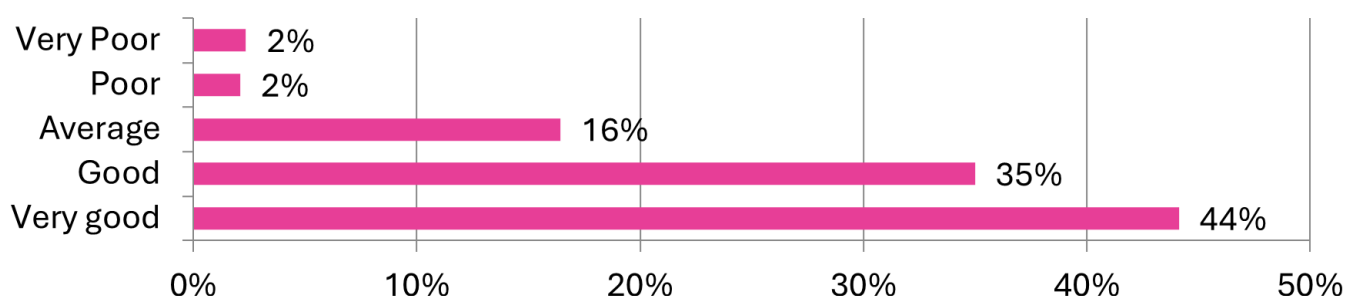
Overall, almost half (48%) of respondents used a pharmacy each month, 21% every 2-3 months and 16% weekly. More people for whom English is not their first language tended to use a pharmacy weekly (29%) or every 2-3 months (29%) in comparison to those that indicated that they have a disability, a long-term health condition or are a carer. Those with a disability (64%), a long-term health condition (58%), are a carer (47%) and for whom these characteristics are not applicable (35%) tended to use pharmacies monthly (see Appendix Table 3).

**Fig 3: Do you tend to use one pharmacy or do you use different pharmacies?**



When we asked whether people tend to use the same or different pharmacies, overall, almost three-fifths (59%) said they use the same pharmacy all the time (see Fig 3). Most of these were respondents that indicated that they have a disability (81%) or a long-term condition (70%). Over half (53%) of the respondents who identify as carers also tended to use the same pharmacy. This was 51% for whom these characteristics were not applicable (51%). In comparison, only 14% of respondents who indicated that English is not their first language use the same pharmacy, with 57% using different pharmacies, and 29% using different pharmacies but visiting one more often (see Appendix).

**Fig 4: Overall, how would you rate pharmacy services?**



Almost four-fifths of respondents rated pharmacy services they accessed good or very good, with only 4% expressing dissatisfaction. Sixteen percent said pharmacy services they accessed were average (See Figure 4). The highest level of satisfaction is among carers (92%), followed by people with a long-term health condition (80%) and those with a disability (74%). Less than half (43%) of those who said English is not their first language indicated satisfaction with pharmacy services and 57% found services average (see Appendix table 5).

Satisfaction with pharmacy services is related to frequency of use, with those who used services more often (weekly or monthly) tending to rate services slightly higher. Thirty-seven percent of those who accessed pharmacy services weekly rated them very good or good compared to those that said they were poor or very poor (35%). Ninety two percent of respondents accessing services monthly rated services as very good or good compared to 69% who said they were poor or very poor. On the other hand, three-fifths of those who use pharmacy services every 2-3 months rated them as poor or very poor compared to 43% that rated them as good or very good. Most of the respondents who use pharmacies every six months found them to be average while most of those who rarely use them rated them as poor or very poor (see Appendix Table 6)

## Perception and use of community pharmacies for clinical or health related advice/treatment

As NHS community pharmacies have expanded beyond their traditional supply function to offer more clinical services, the reasons people use pharmacies have become varied. A majority (76%) of respondents told us that they use community pharmacies for clinical or health related treatment and advice (see Figure 5).

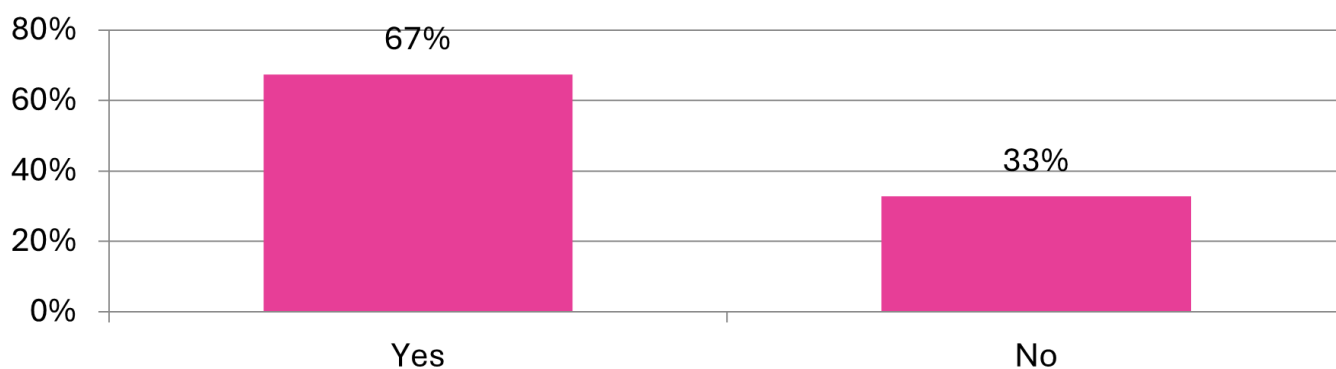
Use of community pharmacies for clinical or health related treatment and advice is most common among carers (71%), followed by those with a disability (66%), those with a long-term condition (64%) and those for whom these characteristics do not apply (71%).

Slightly more people (43%) for whom English is not their first language indicated that they do not use community pharmacies for clinical or health related treatment or advice than those with a disability (34%), those with a long-term health condition (36%), carers and those for whom these characteristics did not apply (29% respectively) (see Appendix Table 7).

Use of community pharmacies for clinical or health related treatment and advice is most common among carers (71%), followed by those with a disability (66%), those with a long-term condition (64%) and those for whom these characteristics did not apply<sup>1</sup> (71%).

Slightly more people (43%) for whom English is not their first language do not use community pharmacies for clinical or health related treatment or advice than those with a disability (34%), those with a long-term health condition (36%), carers and those for whom these characteristics did not apply (29% respectively). (see Appendix Table 7).

**Fig 5: Use of pharmacy for clinical or health related advice/treatment**



<sup>1</sup> These are respondents who do not have a disability, a long-term health condition and are not a carer.

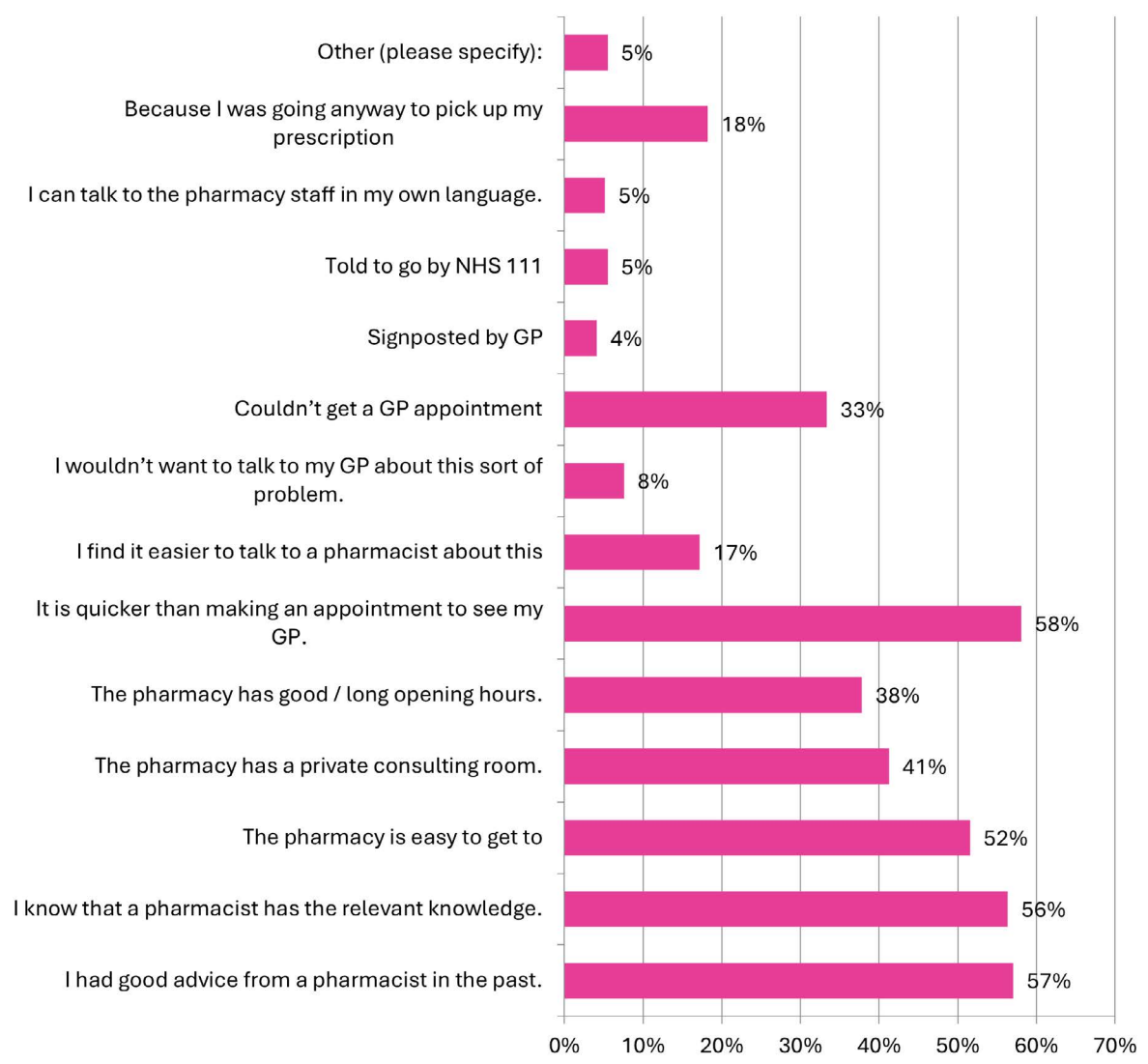
The most common reasons given by the people who use a community pharmacy for clinical or health related advice and treatment are shown in Figure 6. These were:

- Quicker than making a GP appointment (58%).
- Previously received good advice from a pharmacist (57%).
- Pharmacists have relevant knowledge (56%).
- Ease of access (52%).

Other reasons included:

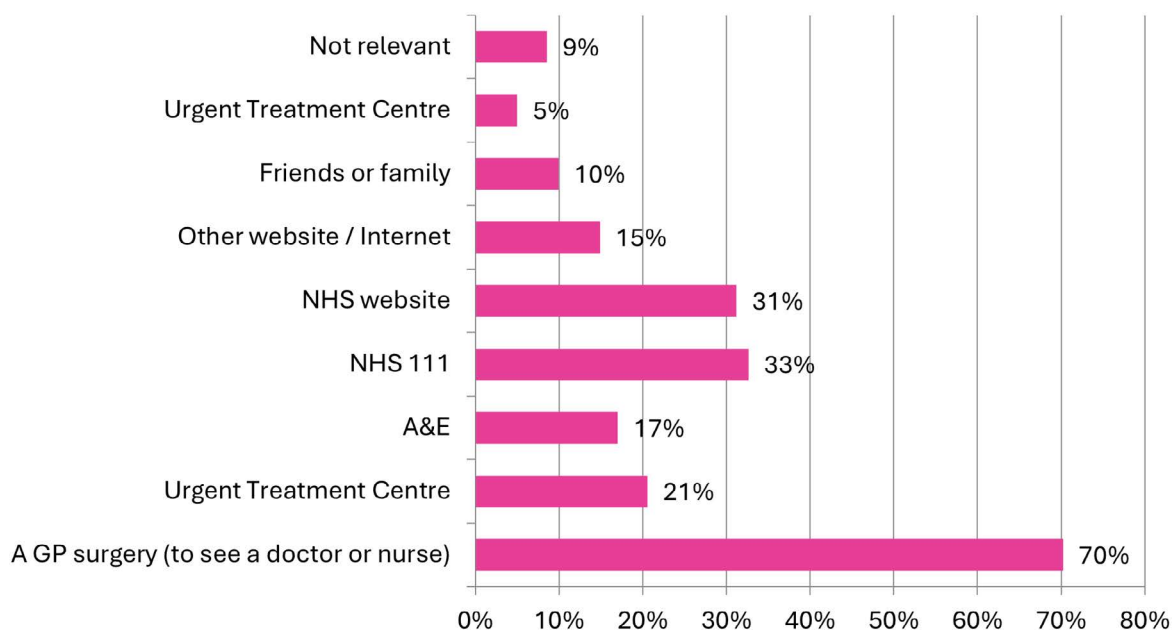
- Availability of private consulting rooms (41%).
- Opening hours (38%).
- Failure to get a GP appointment (33%).

**Fig 6: Reasons for using community pharmacies for clinical or health related advice or treatment**



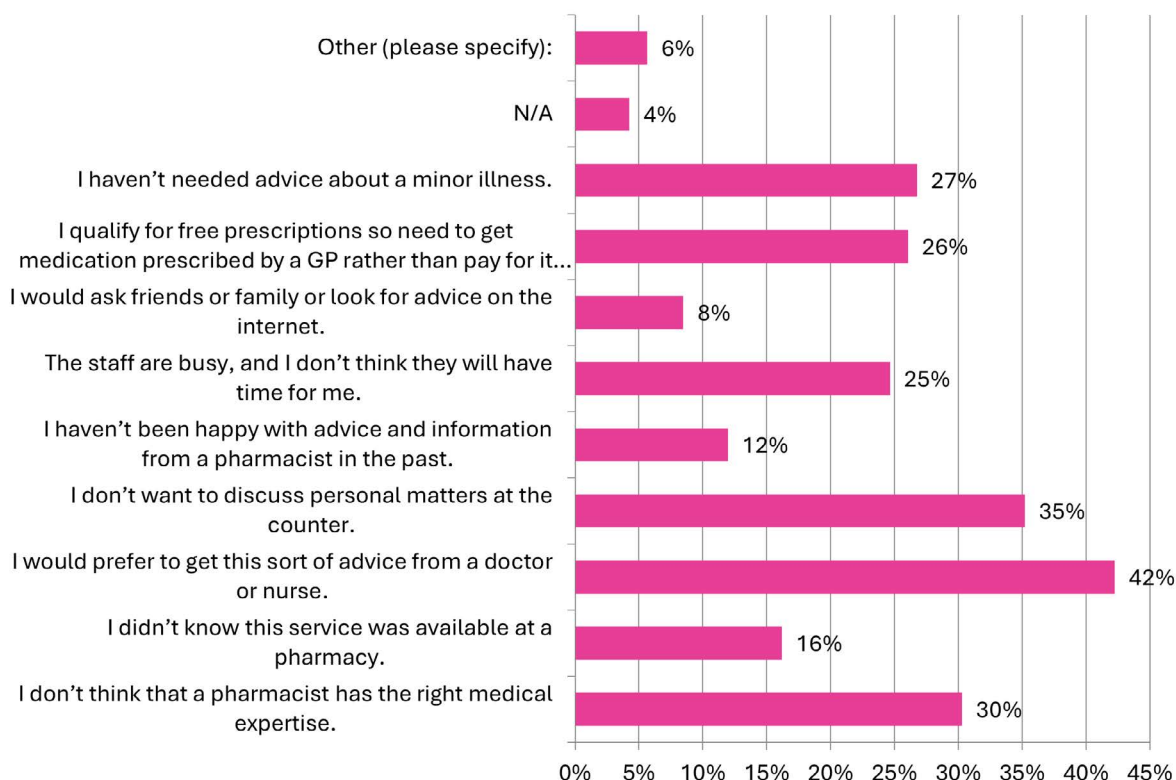
We asked respondents (33%; N=141) who told us that they do not use a pharmacy for clinical or health related advice or treatment where they are most likely to go instead. The preferred choice is the GP for 70% of the respondents, NHS111 for 33% and NHS website for 31% (see Fig 7).

**Fig 7: If you don't use your pharmacy, where are you most likely to go for advice and treatment about a minor illness?**



The main reason given for not choosing to use a community pharmacy for clinical or health related advice or treatment is a preference for a GP appointment (42%) for these issues. For other respondents, it is the lack of private spaces to discuss these issues with a pharmacist, with 35% indicating that they do not want to discuss issues at the counter. Thirty percent believe that the pharmacist does not have the right medical expertise to deal with clinical or health related issues. Twenty-six percent said they qualify for free prescriptions and therefore need a GP to provide these. Others felt that pharmacy staff are too busy and would not have time to deal with clinical or health related issues (see Fig 8).

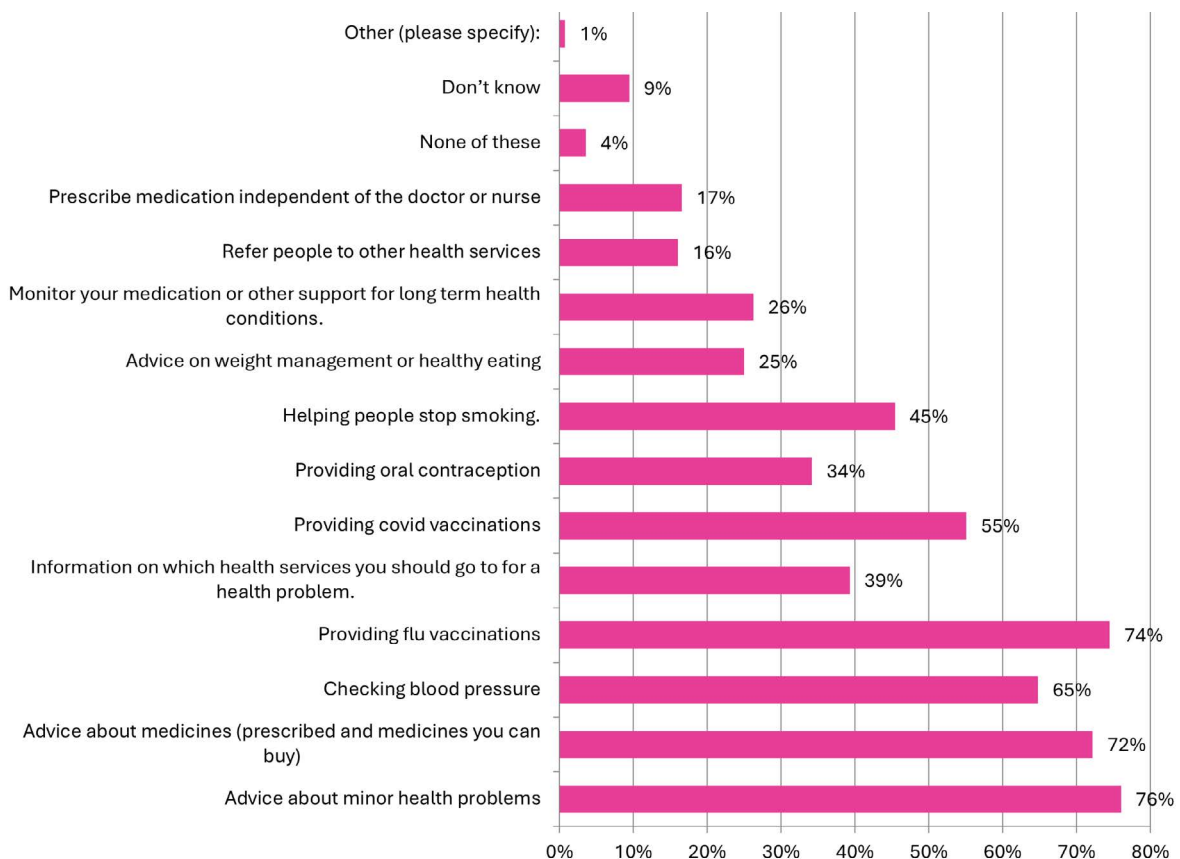
**Fig 8: Reasons for not using community pharmacies for clinical advice or treatment**



## Awareness of community pharmacy services

We also explored respondents' awareness of community pharmacy services other than dispensing medicine. There is low awareness among the respondents of advice/information/signposting service community pharmacies provide, such as healthy eating (25%), and referral to other health services (16%). Only 17% are aware that pharmacists can prescribe some medications independent of a doctor. Twenty-six percent said they are aware that pharmacists can monitor medication and offer support for long term health conditions. Just under half said they are aware that the pharmacist can provide smoking cessation services (45%), contraception (34%), and information on other services to access for a health problem (39%) (see Fig 9).

**Fig 9: Awareness of services provided by pharmacies**



There is more awareness about the dispensing function of pharmacies (72%), flu vaccinations (74%) and advice for minor health problems (76%). Sixty-five percent are aware that community pharmacies offer blood pressure checks and 55% are aware pharmacies provide covid vaccinations.

We also asked where people would go first for specific services (e.g. smoking cessation), or a condition (e.g. menopause), information and advice. In some cases, awareness of the services provided by pharmacies corresponded with respondents' views about their use of pharmacy services. For instance, only 26% of the respondents were aware that pharmacies can offer support and advice for long term conditions. Correspondingly, a majority (84%) of the respondents indicated that they would go to a GP for advice about a long-term condition.



More respondents (see Table 2 below) indicated that they would go to a GP for the following:

- Advice about a long-term condition (84%) compared to 5% that would go to a pharmacy.
- Blood pressure check (42%) compared to 35% that would go to a pharmacy.
- Info and advice for menopause (27%) compared to 17% that would go to a pharmacy.
- New medicine service (48%) compared to 30% that would go to a pharmacy.

More respondents indicated they would go to a pharmacy for the following:

- Information, advice, and treatment of a minor condition such as a sore throat or earache (65%) compared to 14% that said they would go to a GP.
- Information and advice on medicines or supply of some prescription only medication (54%) compared to 38% that said they would go to a GP (38%).

More people chose the pharmacy for flu and covid vaccines, smoking cessation, and health lifestyle advice. Less than 1% indicated they would go to A & E for these issues (see Table 2).

**Table 2: Tell us which service you would go to first if you wished to get:**

A flu vaccine

Your GP	Local pharmacy	Walk-in centre	NHS 111	A & E	NHS Website	Google	Not relevant	Other
33%	38%	10%	0.5%	0	4%	1%	7%	6%

A covid vaccine

Your GP	Local pharmacy	Walk-in centre	NHS 111	A & E	NHS Website	Google	Not relevant	Other
27%	33%	15%	8	0	8%	0.7%	9%	5%

Information and advice on medicines or a supply of some prescription only medication

Your GP	Local pharmacy	Walk-in centre	NHS 111	A & E	NHS Website	Google	Not relevant	Other
38%	54%	15%	0.2%	0	3.4%	2%	0.7%	0.5%

Information, advice and treatment of a minor condition such as a sore throat or earache

Your GP	Local pharmacy	Walk-in centre	NHS 111	A & E	NHS Website	Google	Not relevant	Other
14%	65%	0.5%	2%	0.2%	7%	4%	5%	3%

Advice about a long-term condition

Your GP	Local pharmacy	Walk-in centre	NHS 111	A & E	NHS Website	Google	Not relevant	Other
84%	5%	0.5%	1%	0	3%	2%	0.7%	3.4%

Blood pressure checked

Your GP	Local pharmacy	Walk-in centre	NHS 111	A & E	NHS Website	Google	Not relevant	Other
42%	35%	1%	0	0.2%	0.5%	0.5%	6%	15%

Information and advice about contraception

Your GP	Local pharmacy	Walk-in centre	NHS 111	A & E	NHS Website	Google	Not relevant	Other
20%	21%	1%	0.2%	0.2%	3.4%	3%	47%	3%

Information and advice for menopause

Your GP	Local pharmacy	Walk-in centre	NHS 111	A & E	NHS Website	Google	Not relevant	Other
27%	17%	0.2%	0	0.2%	7%	3%	42%	3.4%

Stopping smoking

Your GP	Local pharmacy	Walk-in centre	NHS 111	A & E	NHS Website	Google	Not relevant	Other
7%	25%	0.7%	0.2%	0	6%	2%	56%	3.4%

Healthy lifestyle advice

Your GP	Local pharmacy	Walk-in centre	NHS 111	A & E	NHS Website	Google	Not relevant	Other
16%	22%	0.7%	0.2%	0	20%	13%	20%	8%

New medicine service

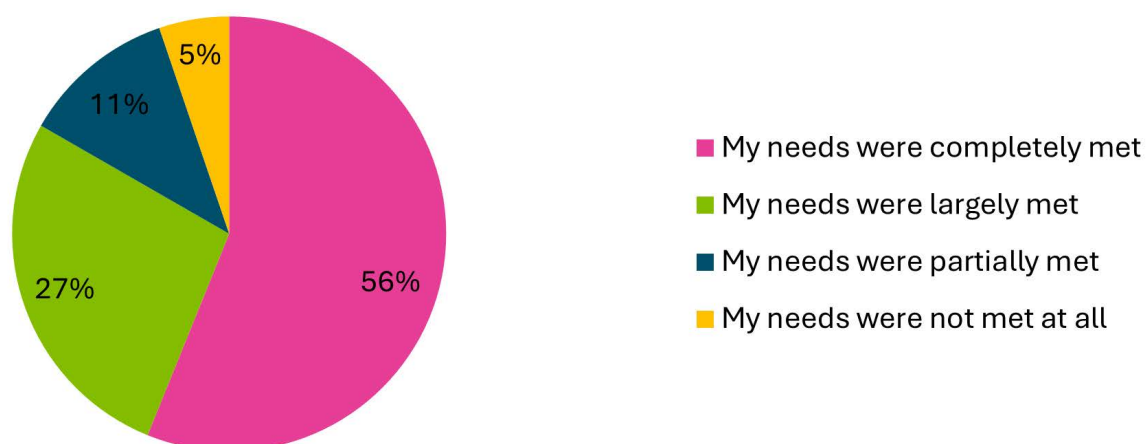
Your GP	Local pharmacy	Walk-in centre	NHS 111	A & E	NHS Website	Google	Not relevant	Other
48%	30%	0.2%	0	0	5%	3%	10%	4%



## Community pharmacies and people's needs

Overall, a majority (83%) of respondents feel that their needs are either completely or largely met when they use a pharmacy (see Figure 10). This is 64% for those that indicated that they have a disability; 65% for those with a long-term health condition, 56% for carers (56%) and 55% for those for whom these characteristics do not apply.

**Fig 10: Were your needs met the last time you visited a pharmacy (e.g. if you have a disability, English is your second language, have a sight or hearing impairment etc.)**



Only 16% indicated that their needs were partially (11%) or not met at all (5%). A majority (57%) of respondents who indicated that English is not their first language felt that their needs were partially met (see Appendix Table 8).

## Views about being referred to a pharmacy for a minor illness

We asked people how comfortable they would be if they contacted their GP with a minor illness and were referred to a pharmacy, and if they would feel differently depending on whether the referral was made by a GP or by a receptionist.

There is a clear distinction in the proportion of those comfortable to be referred to a local pharmacy for a minor illness by a GP or a GP's receptionist. On average, four-fifths were very or fairly comfortable to be referred to a local pharmacy by a GP. Less than half indicated they would be comfortable if a GP's receptionist did this.

**Table 3: How comfortable would you feel if you were referred to your local pharmacy for a minor illness (e.g. sore throat) if:**

This was arranged by your GP during a telephone/video appointment

Very comfortable	Fairly comfortable	Not very comfortable	Not at all comfortable	Don't know	Not applicable
45%	32%	8%	11%	3%	2%

This was arranged by a GP's receptionist instead of an appointment with your GP

Very comfortable	Fairly comfortable	Not very comfortable	Not at all comfortable	Don't know	Not applicable
21%	28%	16%	31%	2%	2%



Respondents' views were similar when we asked them in a social media poll to tell us how they would feel if a GP receptionist referred them to a pharmacy instead of giving them an appointment with the GP for a minor illness. Almost half (46%) of the 4212 people who voted indicated they were not at all comfortable being referred to a pharmacist by a GP's receptionist with 11% saying they are not very comfortable. Only 21% (respectively) said they would be very or fairly comfortable with being referred to the pharmacist by a GP's receptionist. Therefore, while some said they would be happy to see a pharmacist if this were necessary, they want this decision to be made by a GP not a GP receptionist. A key concern is whether the GP receptionist has the necessary qualifications to determine if a medical issue that requires a GP or a pharmacist.

***Dubious about the receptionists' abilities to decide (no medical training despite their god like self-confidence) but I would trust a pharmacist - and have done in the past.***

***A GP receptionist is not qualified to judge your symptoms. I have asked a pharmacist to assess a couple of times, but I would not be taking advice from a receptionist on medical matters.***

***It is not for a receptionist to advise me to see a pharmacist, I the patient know if I need to see a Dr. This happened two weeks ago to me, I know my symptoms and yet The Receptionist was telling me to see the pharmacist at the chemist!***

***Absolutely not!! Health care standards are atrocious enough as it is!! What a terrible idea.. when I have health problems I WANT to see & speak with my GP!!!***

***I've built up trust with my local pharmacist and I trust their knowledge. Them helping me also saves me the time with Dr calls and waiting in queues, let alone the already overly strained NHS. On the troublesome side, receptionists as much as I respect them, I don't want them deciding whether I go to the pharmacy or not.***

***I wouldn't have an issue with being referred to a pharmacist, if that was the appropriate place to get treatment but I wouldn't want the receptionist making that decision.***

One respondent noted that we should consider the increased demand for GP appointments and that receptionists are being asked to signpost to other services to reduce the pressure on GPs.

***Receptionists are being trained to signpost due to the demand for GP appointments and the strain on the NHS - sometimes it may be one of the only options if a surgery simply doesn't have the capacity to accommodate someone on that day. There's a certain criterion for signposting, so you wouldn't be sent to a pharmacy if you needed medical attention for something that could be serious, it's just an option available where a qualified pharmacist would be appropriate to help. Unfortunately, the NHS is under so much pressure that this is now happening to release some of the strain. I think it should be noted the receptionists aren't trying to diagnose- they're simply doing what they're asked to do to try and find alternative help when there isn't an appointment available.***



## Themes from open ended questions

Respondents had the opportunity to provide more information when completing the survey. We also included 92 comments on our social media posts as feedback. These views have been grouped under two themes: facilitators and barriers.

### Facilitators

This theme focuses on issues that respondents told us enhance their use of community pharmacy services. There are four subthemes: accessibility, trust and professionalism, impact and outcomes, and facilities and privacy.

#### Accessibility

Ease of access and convenience were mentioned by many respondents as a key factor influencing their use of community pharmacies. Respondents made reference to opening hours, location, reliability, and no requirement for appointments making it easier to access pharmacies compared to GPs.

*I know if I need minor advice or treatment, it is far easier and faster for me to walk into a pharmacy and ask, instead of spending hours or days trying to get a GP appointment, then waiting for the GP to phone or for me to visit the GP. And then it is a waste of the GP time if I am only talking to the GP for a moment.*

*He is reliable. Very long opening hours, and nice!*

*It was easier than trying to get a G.P. appointment for a sinus problem.*

*I know I will be seen and not have to wait for 30 minutes on the phone to the GP to be told no appointments.*

*The pharmacy was offering appointments for flu and covid jabs at more convenient times and sooner than going through my GP. It was also a more convenient location for parking.*

*Practical advice, flexible compared to inflexible doctors, timings more appropriate (you call the doctor, and they give you a time, no wiggle room for work etc). I would only talk to a pharmacist if it was something very small, it's important to know when a GP is needed.*

#### Trust and professionalism

Responses demonstrated a trust in pharmacists based on positive experiences of using pharmacies, the knowledge and expertise that pharmacists have, and familiarity with the pharmacy staff contributing to continuity of care. Other issues highlighted include the friendliness and helpful nature of staff, good communication skills and confidentiality.

*I have had advice about medicines as well as non-urgent health issues I would not bother GP about.*

*I would always consult my pharmacist for something minor. I trust that they would advise me well or suggest a doctor if necessary.*

*My pharmacist is very knowledgeable. Very easy to talk to.*

*I always use same pharmacy and the staff know me, often call me by my first name.*



*I have used the pharmacy many times for minor things and been spot on every time have been more helpful with more advice than the doctor!*

*Friendly and confidential service with a “walk in “service which is ideal. Knowledgeable pharmacist whom I trust.*

*Our pharmacy is absolutely fantastic, he is so knowledgeable and wouldn't hesitate to ask him for advice in future.*

*The two I use pharmacists are knowledgeable and always helpful offering sound advice really do trust them.*

*The local pharmacy trains their staff to deal with the public and the owner only lets them loose when he is confident that they will provide a good service.*

*No comment really, they are fully trained – just think of the “drugs” they give out to prescriptions each day on behalf of the GP.*

*Pharmacists are very well medically trained I've gone to a pharmacist for yours for minor things. To many people run to the doctors for minor things taking up valuable appointments that they could just buy an over the counter treatment for.*

### **Impact and outcomes**

Respondents indicated that pharmacies were beneficial. A common benefit is a pharmacist's ability to appropriately assess and determine whether further treatment is needed. Respondents felt that pharmacists took time to speak to them and gave them practical advice, with some feeling reassured following a visit to the pharmacist.

*I've used the pharmacy a few times. And been very happy with the outcome. Much quicker than waiting to see a doctor.*

*My pharmacy pharmacists very knowledgeable and help with medical minor queries or advise where appropriate trust them and respect pharmacists. Staff pleasant helpful kind. Pharmacist will advise if I need a doctors appt or 111 or A&E.*

*Getting a GP appointment after 9am is impossible. I use the walk in or pharmacist. The pharmacist I use is great and always makes times to speak to you if needed.*

*I also took my daughter to the Dr when she cut her toe open (age 3) and was told to go to A&E. I went to the pharmacist after as I only needed to know if it needed stitches or could be bandaged up at home.*

*Great advice and help and I didn't end up wasting precious A&E resources!*

*Some things can be checked out like blood pressure or what is best for some conditions and if you really need a doctor they can send you there.*

*Always very helpful, if necessary they will refer you to seek further medical advice.*

*For advice that I wouldn't need to see a doctor for I use the pharmacist either in person or by phone call. The pharmacist will tell me if I need to see my doctor and then I'd book an appointment if needed. I've asked them about minor illnesses, rashes on my child, medication advice etc.*

## Facilities and privacy

Being able to speak to pharmacy staff privately and confidentially is important for respondents. They highlighted the need for facilities such as consultation rooms to ensure conversations are not overheard by other pharmacy users.

*Pharmacist and staff are very friendly and approachable nothing is too much of a problem have a private consulting room clean and fresh shop is organised and bright.*

*Depends on the pharmacy & have they got a private consulting room: I don't want to discuss my health in a shop full of people though I understand the latest government directive is for relatively minor complaints.*

*Despite this I've used another pharmacy for vaccinations as the other place has a separate consultation room.*

## Barriers

This theme focuses on barriers to using community pharmacies. Lack of awareness of the services community pharmacies provide is reported as a barrier to using pharmacies for health related and clinical advice/treatment. Facilities and concerns around privacy and confidentiality were also identified as issues by some. Pharmacy premises are sometimes considered inappropriate for private discussions, and others noted that pharmacies are busy places with many people buying non-medical items, making it difficult to have a discussion with the pharmacist concerning private issues. Some pharmacies did not have consultation rooms that could be used for private discussions. Even where consultation rooms were available, these aren't always suitable, especially for people with a disability.

Some respondents highlighted the pharmacist's knowledge and expertise as a barrier, noting that in some instances pharmacy services are variable. This related to the advice given and outcomes from previous use of pharmacies. Some respondents view GPs as more knowledgeable about health-related issues than pharmacists. GPs training is considered more superior to pharmacists which influenced respondent's use of pharmacies. There were questions about the pharmacist's ability to identify when minor issues are a sign of a more serious health concern, with a view among some respondents that pharmacists' expertise lies in medicines and distribution rather than health advice or treatment.

Complex conditions are also seen as a barrier to using community pharmacies for health related or clinical advice/treatment. Those with a long-term condition and on different medications felt that the pharmacists would need to have access to their medical records to understand if there are any contra-indications with any new medication prescribed. Views on this were varied with some respondents not wanting the pharmacist to have access to their medical records, preferring to see a GP even for minor health related or clinical treatment and advice. The inability of pharmacists to record interactions with individuals is seen as a significant barrier to providing health and clinical advice/treatment for minor conditions.

Respondents spoke about the capacity of pharmacy staff to provide clinical or health related advice/treatment, saying that pharmacy staff appeared overwhelmed with a high workload. Some felt that pharmacy staff were not approachable and projected an unwelcome demeanour that made it difficult to seek advice, while some associated the use of pharmacies with substance misuse services. Some patients were concerned about opening hours and the lack of equipment to assess minor illnesses.

## **Lack of awareness of pharmacy services**

*I had a UTI and was unable to get a GP appointment. Before this I was unaware that a pharmacist could prescribe for this.*

*It is not clear what services are supplied by my pharmacy.*

*I have not seen any information from my pharmacy as I said I only go there to get my medicine and leave without exchanging any words because their way of working is that they do not care about you. I am using my pharmacy for more than 15 years and it seems that we do not know each other, they do not even say hello when you go there.*

*I am not aware of which medication they can prescribe and have not been informed that this service is relevant to me.*

*I'm not sure, I don't think it's (pharmacy services) well-advertised, I'm unsure of the current accessibility of any of these.*

## **Privacy and accessibility**

*I would rather speak to a doctor or nurse in private than have to stand in front of a counter telling everyone in earshot.*

*Depends on the pharmacy & have they got a private consulting room: I don't want to discuss my health in a shop full of people though I understand the latest government directive is for relatively minor complaints.*

*Although I use the same pharmacy most of the time, I've used another pharmacy for vaccinations as the place has a separate consultation room.*

*The counters aren't great for wheelchair users, and the private spaces are almost never wheelchair accessible.*

*As my health is private and personal, to discuss any concerns with a pharmacist or PA who is not a qualified Doctor or Consultant to me it is a breach of GDPR in an open and unqualified situation.*

## **Knowledge and expertise**

*I work with Pharmacists in another setting, they are excellent in their role as NMPs in my work setting however their knowledge of general medicine is somewhat limited. I was booked in to see the pharmacist at my own GP Surgery after I had blood test results. Her subsequent action resulted in me being referred for a scan and prescribed medication unnecessarily. Both of which weren't accurate and left my symptoms to worsen until I was able to see a good GP who instantly recognised my symptoms and made the correct diagnosis and carried out relevant tests.*

*I wouldn't. I went once and the pharmacist prescribed me medication I shouldn't take with my health issues.*

*Pharmacies are for Prescriptions and over the counter items, they should never be used as a GP service due to health conditions they have no knowledge about. Indeed, most pharmacy staff are just retail staff who hand out prescriptions and sell other items like plasters etc. They do not have access to your medical conditions which could lead to serious health issues if given wrong information.*

*A Pharmacist on the doctors surgery said dad, just had Indigestion, he had an aortic aneurysm. He died a few days later.*

*Thing is they could send you away saying you had a stomach bug, and you could have stage 4 cancer.*

### **Role of pharmacist vs GP**

*Depends on what it is. GPs are medically trained pharmacists are drug trained. There's a reason there are 2 different degrees, it's not the same thing.*

*Could we expect a doctor to be an unknown person with no medical studies? Most of the times doctors don't know what it will be your health problem, I wonder how a pharmacist will know, they just study chemistry the most..they won't do practical on human anatomy.*

*We don't want the pharmacy doing work there not medical qualified to carry out, so what happens when someone died because they didn't get doctors appointments.*

*Depends on the minor illness tho... constant pain here or there... pharmacist would give you pain killer or whatever... Doctor could diagnose you with something serious...*

*Pharmacists are paid to give you drugs to help the pain... doctors are paid to find out why the pain is there.*

### **Complexity of condition**

*They couldn't help because my medical background is complex.*

*Pharmacists should know the basics. I have no concerns. As a chronic pancreatitis patient, who takes many medications. I would rather, and probably more cautiously be better off seeing my GP.*

*Having multiple complex long-term conditions including rheumatoid arthritis treated by a hospital only medication I find community health care professionals are not au fait and therefore largely unhelpful.*

*Although I have been treated for cancer many years ago, I am in reasonable health. However, I would like to see a GP on the very rare occasion I require one. I recently was prescribed blood pressure medication by a pharmacist at my GP surgery. She prescribed medication without access to my medical history. It turns out the medication is contraindicated by an auto immune condition I have. Really irresponsible.*

*My pharmacist being able to access my basic health and medication information. I have multiple health conditions and take testosterone long term due to being transgender. I wouldn't want to keep explaining all of this and I would want to feel comfortable and safe about who had this information and how they were going to treat me. I have already had a pharmacist give me the incorrect STD screening as they assumed I had vaginal sex, and I could not get them to understand I should be treated like a gay man.*

### **Access to medical records**

*Nothing. I am on a lot of different medication and any contraindications would need checking. I'm not willing for a pharmacist to have access to my medical record.*

*Only would ask pharmacist for certain advice if the advice and medication given was recorded at my Dr surgery and recorded. GPs follow protocols for prescribing certain medications and referring to consultants. If you haven't had a problem a number of proven times then it will delay referral or being prescribed certain medication.*

*The pharmacist knows a lot about drugs and what they are for, they should be able to look into your doctors' records in case of side effect.*

### **Inconsistent advice/service and trust**

*Had a water infection and couldn't get doc apt had been up most of night and it was getting much worse. My pharmacy was fantastic and gave prescription. It happened again a few months later and I attended another pharmacy they were rubbish and advised drink more water.*

*Service needs to be the same whatever chemist you attend, and they should all prescribe and should all stay open longer and later and open earlier. Boots close 12-1 for their lunch. This is when most people who work would attend so it's ridiculous.*

*Rang 111 given referral to chemist, chemist referred me back to my GP or 111 waste of time.*

### **Accessibility of staff/service and capacity**

*They always seem too busy to me to ask for advice and there are many drug users collecting their methadone from there as well.*

*The staff does not show any interest to speak with me of anything, they seem to be busy and they also little bit unwelcome attitude and not friendly. I sense sometimes they do not like to speak to certain people and their attitude is disgusting, So I do not feel comfortable to talk to them and they always pretend that they do not understand you at all. You feel that everything you ask, they give a negative answer, which means that they are telling you plainly go away.*

*My local pharmacy is only open on weekdays, with no opening on Saturdays or Sundays.*

*Staff always seem busy at the back of pharmacy and do not project a helpful or approachable demeanour.*

*Pharmacists are already overwhelmed.*

*Pharmacists are great, but also under great pressure, where were the doctors in the pandemic. Pharmacists were always there.*

*They also don't have the equipment to listen to chests, feels for lumps etc. It's yet another unhand way to ruin and get rid of our already struggling NHS.*

### **Perceived denial of choice**

*We should see a GP or nurse if we want, not asked to go to pharmacy, as qualified as they are.*

*Absolutely not, I know when I need to see a GP, I know my body, a pharmacist doesn't, my GP knows my history, a pharmacist doesn't, I won't be fobbed off from seeing my GP by a receptionist!! I won't have that choice taken away from me!!*



# Improvements people want in community pharmacies

## Qualified and knowledgeable staff

*If there was a qualified medic available to discuss any issues.*

*Knowledge from pharmacist.*

*Knowing clinical skills and experience were very good.*

*Knowing they have the knowledge, opening hours and local*

*They should have medical training. Privacy at the chemists. Dedicated staff so I am not competing with other customers.*

*Need to feel confident they are trained enough & not going to misdiagnose.*

*The knowledge if they could prescribe antibiotics rather than them advising then need to see GP for treatment.*

*If the pharmacist has the correct training and qualifications to diagnose minor "issues" and is competent then I wouldn't have a problem with this.*

*I'm not sure all pharmacies have the relevant trained staff to complete the brief (minor illness service) efficiently & successfully.*

## Have an appointment system<sup>1</sup>

*Perhaps having an appointment, rather than visiting the pharmacy and then waiting in a queue behind other people.*

*Having them local, but also available later in the evening and at weekends for people who are at work in the week. Maybe also having some appointments to book online.*

*Advertising that they offer this service. Option to book an appointment with them.*

*Privacy maybe an appointment system where you phone to make an appointment to speak with the pharmacy.*

*The services could be improved by providing online and telephone consultation for minor illnesses to avoid overcrowding shop service areas with people who are potentially spreading minor, or even problem illnesses that they are carrying to the general public in the shop and street?*

<sup>1</sup> Although most respondents felt that an appointment system might be useful, some liked the idea that they could just walk in and speak to a pharmacist without an appointment "It's easy to speak to a pharmacist. No appointment needed. Great service"

## Availability of consultation rooms

*If there was a room to go to, to discuss matters privately.*

*If my local pharmacy were less busy and had a consultation room.*

*Having a more organised separate room to speak to the pharmacist. The room is used as a storeroom at the moment.*

## Improve privacy and confidentiality

*The staff need to be better trained, and they need to privately discuss your needs not shout it across the pharmacy.*

*If the pharmacist was more available and you did not have to tell an assistant the issue first when other customers are nearby.*

## Increase number of pharmacy staff and improve customer care

*More pharmacist. They always look so busy. Better private consultation area.*

*The x (name redacted) pharmacy is tiny, very few staff, too busy, long queues.*

*Ensure sufficient training in customer service for all pharmacy staff.*

*Don't just train them on the medicine. But the customer service element.*

*They treat you like a customer to a business whereas the GP treat you with care when you eventually get seen if the pharmacist could get out of business mode for a moment and act more personal.*

*Just not all so friendly, I think they might need training in how to be friendly, and respectful, and kind before you start giving them more tasks.*

## Give pharmacists the ability to prescribe medication including free prescriptions

*If they could prescribe antibiotics for something like Tonsillitis*

*Patient may need antibiotics, pharmacist can't prescribe these, what they do is great, but personal believe, common sense sorts out easy problems, sore throat cough lozenges, their selling products, off their shelves.*

*Might consider now some of them can do prescriptions.*

*To know the pharmacist could prescribe Antibiotics if they was needed.*

*If they could actually check you rather than making you buy over the counter medication when you usually get free prescriptions.*

*Ability to get medicines on free prescription but directly from the pharmacist.*

## **Provide more accessible information about pharmacies that offer minor illness services**

*General information about what they can treat you for.*

*Didn't actually know that you could go to your pharmacy for a minor illness.*

*More information on services available at the pharmacy cause so far anything minor like the new meds I needed advice on I was told to talk to GP other things in the past again nothing I would have seen going to a GP was necessary.*

*I already do, more adverts on what they can talk about or support. Visual prompts.*

*They need to ensure there is a good informative window display that is attractive and welcoming, good customer orientated and knowledgeable staff on the front line.*

## **More awareness of pharmacists' knowledge**

*If I knew the proper training & qualification a pharmacist has to complete.*

*I would probably feel more comfortable if I knew that the pharmacist had recently received up to date training about minor ailments and was able to prescribe medication that a GP would prescribe if necessary.*

*If this is the way forward, more medically trained staff.*

*Train pharmacists up properly. It shouldn't be a second rate service but a first port of call for minor ailments. It can only be that if pharmacists are trained to deal with minor ailments and understand how to support patients.*

## **Consistent advice and treatment**

*If I knew the advice would be available and applicable.*

*Not always sure I would get best advice ... in past I've felt there is guesswork involved in the diagnosis which isn't reassuring.*

*Understanding more about how this can be done and if it is the right option for me. Would all pharmacies be as capable? How would I find out which ones would be good for this? Would the service be consistent? Can they prescribe? Would I have a choice over which member of staff I can talk to?*

## **Improved communication with other health professionals by enabling pharmacists to access and update medical records**

*Better linkage with GPs/other healthcare organisations.*

*Being able to get medical notes via the GPs computer system.*

*My pharmacist being able to access my basic health and medication information. I have multiple health conditions and take testosterone long term due to being transgender. I wouldn't want to keep explaining all of this and I would want to feel comfortable and safe about who had this information and how they were going to treat me.*

## Conclusion

Community pharmacy was identified in the Fuller stocktake as a key member of the primary care team whose role should be more effectively harnessed and increased<sup>1</sup>. The role of community pharmacy was a key part of the NHS recovery plan leading to an expanded role under Pharmacy First supporting seven further common conditions<sup>2</sup>. Improving access to primary care through community pharmacy is also a key priority for NHS BSOL as highlighted in their ICS Operating Framework and Joint Forward Plan. The Framework and Plan identifies the need for referral into community pharmacies by GPs as crucial to improving access to primary care<sup>3</sup>.

The findings of this study show that there is a high usage of community pharmacy. In Birmingham 84% of the respondents told us that they have used a pharmacy in the past three months. Almost half (48%) of the respondents used a pharmacy at least once a month and 59% tended to use the same pharmacy as repeat patients. Use of pharmacy for clinical or health related treatment or advice is also high with 67% having visited a pharmacy for this.

Most important is that community pharmacies are a valued service with individuals relying on these services to manage their existing conditions or treatment for minor illnesses. Patients and the public have a positive view of community pharmacy services, with at least 79% rating them as good or very good. Patients appreciate support from pharmacists, such as providing them with knowledge and confidence in the use of medicines. Most are happy with assessments and referral to other services and support. The highest level of satisfaction with pharmacy services is among carers, and those with a long-term condition.

The high usage of community pharmacies and the value individuals place on services supports their development for enhanced services. The findings of this report demonstrate the need to include community pharmacies as a central solution to meeting the health needs of local people. However, additional support is needed if community pharmacies are to become a key member of the primary care team. In their recent national report, Healthwatch England call for further expansion of Pharmacy First services. Our report shows this needs to be done with an integrated local approach to improve access to community pharmacy for the people of Birmingham<sup>4</sup>. We identified three key areas of focus:

## Accessibility

The lack of information and awareness of clinical/healthcare services delivered by NHS community pharmacies shows more could be done to promote their role in delivering healthcare, particularly in raising awareness of pharmacy services (e.g., pharmacy first) and public understanding of pharmacists' knowledge and skills. People need to be aware of pharmacists' clinical skills and the range of services the pharmacy has to offer.

Our study shows that the experiences of people when they access pharmacy services have a considerable impact on their attitudes towards the service, their perceptions of pharmacists, and ultimately their preference for pharmacy led services. Some consider

<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>

<sup>2</sup> <https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/>

<sup>3</sup> [https://www.birminghamsolihull.icb.nhs.uk/application/files/9516/9176/8128/Birmingham\\_and\\_Solihull\\_Joint\\_Forward\\_Plan.pdf](https://www.birminghamsolihull.icb.nhs.uk/application/files/9516/9176/8128/Birmingham_and_Solihull_Joint_Forward_Plan.pdf)

[https://www.birminghamsolihull.icb.nhs.uk/application/files/5816/6748/4709/Birmingham\\_and\\_Solihull\\_ICs\\_Operating\\_Framework.pdf](https://www.birminghamsolihull.icb.nhs.uk/application/files/5816/6748/4709/Birmingham_and_Solihull_ICs_Operating_Framework.pdf)

<sup>4</sup> <https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/Pharmacy%20what%20people%20want.pdf>

of care. It is important to raise awareness on this especially for those with a long-term condition and those who take various medications. They felt that the pharmacists would need to have access to their medical records to understand if there are any contra-indications with any new medication prescribed. Awareness around this area will improve confidence among pharmacy users.

## Reputation of pharmacists compared to GPs

To achieve better integration of NHS community pharmacies into primary care, it is crucial to improve confidence in pharmacists through the referral process and by improving people's experiences when they access services.

People still seem to prefer their GP over pharmacists for clinical or health related treatment or advice. Seventy percent of those who said they are unlikely to use a pharmacy for clinical or health related treatment or advice, preferred a GP to any other health care services. This is the same for those with a long-term condition (84%). People are willing to see a pharmacist following a referral from their GP practice if this referral is made by their GP (77%) rather than a receptionist (49%). There is a view that GP's knowledge, skills and training is much more relevant to dealing with clinical issues. Therefore, a view that pharmacists do not have similar skills and training.

## Facilities

Support for pharmacies to ensure the availability of a consultation room will reassure service users of privacy, anonymity, and confidentiality. Perceived lack of privacy and confidentiality of the pharmacy environment is considered a major barrier for using pharmacy services for clinical or health related treatment and advice, despite consultation rooms being a requirement of the community pharmacy contract.

Assurance should be provided to users that community pharmacies have access to IT systems to view and add to medical records as per the NHS' delivery plan for recovering primary care. Under pharmacy first, community pharmacy IT suppliers were to develop and deliver interoperable digital solutions that would streamline referrals, provide access to relevant clinical information from the GP record, and update records following a consultation with a pharmacist. This will enable continuity of care and improve patient confidence in the treatment and advice provided.

There is also a need to ensure the accessibility of pharmacies for people with a disability and language barrier (e.g. wheelchair accessibility).

Cost of living is another barrier that people told us about that needs to be considered. Some people told us that they prefer to see a GP and avoided using the pharmacy for minor illnesses because they are entitled to free prescriptions and cannot get this from the pharmacy. Twenty-six percent said they qualify for free prescriptions and therefore need a GP who can provide free prescriptions. In 2023, we reported that people in Birmingham were increasingly avoiding NHS appointments and prescriptions due to the cost-of-living crisis<sup>1</sup>. As Healthwatch England argues "If these barriers are not addressed, people may continue to avoid visiting their local pharmacy, which can impact their health and have knock-on effects on the success of Pharmacy First" (p30)<sup>2</sup>.

Poor access to GP appointments (availability and waiting times) is driving people to use

<sup>1</sup> <https://www.healthwatch.co.uk/news/2023-01-09/cost-living-people-are-increasingly-avoiding-nhs-appointments-and-prescriptions>

<sup>2</sup> <https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/Pharmacy%20what%20people%20want.pdf>



facilitators that have been presented in this report that present a starting point for raising awareness and acceptance. Convenience of community pharmacies and ease of access are key facilitators to usage of pharmacies. People like the non-appointment nature of pharmacies services.

## About Healthwatch Birmingham

Local Healthwatch were established in every local authority area across England following the Health and Social Care Act 2012. Our key role is to ensure those who commission, design and deliver health and social care services hear, and take into account, the public voice. Healthwatch Birmingham listens to and gathers public and patient experiences of using local health and social care services such as general practices, pharmacists, hospitals, dentists, opticians, care homes and community-based care. We hear these experiences via our Information and Signposting Line, our online Feedback Centre, and through our community engagement activity led by staff and volunteers. You can read more about the work of Healthwatch Birmingham here: <https://healthwatchbirmingham.co.uk/about-us/>

### How do we select the issues we collect evidence about?

Some of the issues we hear about from patients and the public may require deeper exploration in order to present a comprehensive report to those who commission, design and deliver health and social care services in Birmingham. Members of the public select these issues as part of our Topic Identification and Prioritisation System. By involving members of the public in decisions about our future activities, we ensure we are operating in an open and transparent way. It also ensures that we understand the public's priorities.

### Who contributes to our evidence collection?

We explore selected issues with the help of our volunteers, Healthwatch Birmingham board members, patients, members of the public, service users and carers. They share relevant experiences, knowledge, skills and support. Healthwatch Birmingham also talks to key professionals providing or commissioning the service we are investigating. This helps us to form a deeper understanding of the issue from the perspective of these professionals, and encourages them to take prompt action to implement positive changes for patients and the public.

### What difference do our reports make?

We follow up our reports to see if our findings have made services better for patients and service users. We hold service providers and/or commissioners to account for changes they stated they would make in response to the report. If Healthwatch Birmingham finds no improvement, we may decide to escalate the issue to Healthwatch England and local regulators. We also monitor the changes to see if people experience sustained improvements.

### How to share your feedback about the issues heard in this study

If you are a service user, patient or carer, please do share your experiences with us via our:

- Online [Feedback Centre here](#).
- Information and Signposting line on 0800 652 5278 or by [emailing us](#).

## Appendix 1: BSOL LPC response

Birmingham & Solihull Local Pharmaceutical Committee (LPC) is a statutory body recognised in NHS Regulations to support and represent ALL community pharmacies operating within the specified Health & Well Being Boards' areas. There are currently 307 community pharmacies providing care and services across both Birmingham and Solihull council authorities.

Patients are at the heart of everything that community pharmacies does and these Healthwatch Reports have provided some valuable insights into patients' perspectives. It is no surprise to hear of the positive patient views of community pharmacy. Despite being in severe financial crisis driven by 5 years of zero increase on the income from the NHS, community pharmacies across Birmingham and Solihull are working incredibly hard to protect their patients from the impact of these difficulties.

We have been pleased to receive these important Healthwatch projects locally following the Healthwatch England report published in April 2024 and endorse the report's recommendations.

Many of them already align with our aims, including that Government must urgently undertake a full review of the medicines supply chain, and that sustainable funding for community pharmacy is absolutely critical. We will continue to work collaboratively with Healthwatch and other organisations as we seek to secure both sustainable funding and future service developments for community pharmacies which support the NHS's Long-Term Plan.

### **Awareness**

The lack of awareness of Pharmacy First comes as no surprise to the LPC because this service including 7 new clinical pathways was launched on 31st January 2024 and both the national and local engagement and communications were only just starting as Healthwatch sought the views of patients & customers for the project. In the first month (Feb 2024) there were over 12,000 Pharmacy First episodes provided by 262 community pharmacies, with sore throats and uncomplicated urinary tract infections being the most popular. National campaigns for Pharmacy First complemented by an LPC local radio campaign has started to raise awareness of these services with the public which has in turn immediately supported general practice by reducing the number of patients requesting to see a GP with a minor illness. Campaigns will be repeated throughout this year to continue to raise awareness to patients although the LPC is concerned the funding for the Pharmacy First service is only available until March 2025 (as part of the Primary Care Access Recovery Plan). GPs (and their receptionists/call navigators) can refer patients into Pharmacy First and although specific referral data is not yet available, the LPC looks forward to more surgeries and more referrals being received as the service is embedded into patient pathways and awareness grows. There is a real determination by both B Sol Integrated Care Board and the LPC to collaborate to make this service a real success. And this supports national goals of maximising the clinical skills of community pharmacists to deliver more services on top of the most recognised community pharmacy function of supplying medicines. The LPC would encourage some inequalities relating to the sale of some "over-the-counter" treatments for some minor illness conditions to be standardised across the whole ICB footprint to minimise the postcode lottery of who receives these medicines for free and who pays. In the areas of high deprivation this would reduce patients still seeking a GP appointment so any treatment would come via an (exempt) NHS prescription. There needs to be a review of the cost of the medicine supplied versus the cost of the treatment provided.

Together with Pharmacy First, other services have been commissioned nationally and implemented locally which will continue to increase public awareness of the additional clinical roles that community pharmacies can provide:

- The blood pressure (Bp) Check service enables GPs to refer patients to a community pharmacy for a Bp measurement OR for community pharmacies to screen patients' Bp when not diagnosed with blood pressure. This will further reduce pressure on GP appointments as well as contributing to cardio-vascular disease prevention
- Contraception services allow community pharmacies to supply repeat cycles of oral contraception or initiation to new patients without a need for them to visit a GP or sexual health clinic to obtain their oral contraception.
- Linking to patients being discharged from a hospital stay two additional services have been commissioned nationally by NHS England and implemented locally. A Discharge Medicines Service involves community pharmacists supporting patients take their medicines correctly after they have been changed as a result of a inpatient episode. This will further increase awareness of the additional role of community pharmacy once the IT and pathway can be agreed with the acute trust hospital sites across Birmingham and Solihull. Patient awareness is currently very low and so the opportunities to support patients to stay out of hospital after discharge is yet to be realised. This service is proving very successful in other regions in England.
- The final new service commissioned is to support patients admitted to hospital as a "smoker" to continue with their stop smoking attempt when they return home or to a regular care setting. The LPC with hospital tobacco control advisers are currently working hard to provide this service across the care interface.

## Facilities

Almost every community pharmacy (>300) has a "Consultation Room" where private conversations can take place. Some services specify the service needs to be provided in a confidential area of the pharmacy, whilst any patient or customer can request a private conversation in the Consultation Room, with or without a chaperone. The vast majority of these Consultation Rooms were compliant with the relevant Disability/Equality Acts at the time of installation and all community pharmacies will make every effort to ensure everyone can access a confidential conversation with the pharmacist.

There are a number of ad hoc translation services available in community pharmacies but being provided with access to the same translation services as other primary care organisations would be very welcome. In many communities with a high ethnic minority, the pharmacy staff may well have an employee who can converse with patients whose first language is not English.

The LPC fully supports Healthwatch's assertion that there needs to be better interoperability between GP and CP (and hospital and Urgent Treatment Centres) IT systems that enable efficient, complete and secure transfer of information seamlessly. There has been some good progress in some areas/services eg 'flu vaccinations where a report of a flu jab administered by a community pharmacist is provided to the patient's GP usually with 2 working days and their GP record is updated. The newer services highlighted in the Healthwatch Report will have integrated IT platforms created just as soon as the GP system suppliers and the community pharmacy system suppliers can provide them eg GP Connect. However, it remains an enormous frustration that there are so many different IT platforms that don't "talk to each other" which perpetuates inefficiencies and clinical risks.

## Reputation of Community Pharmacists

The Healthwatch Report highlights the very largely positive responses to the survey. Community pharmacies are the most visited premises in the community and with a very high trust rating. The national contract (“contractual framework”) with NHS England lists essential services (all pharmacies to deliver) with other enhanced and advanced services that the community pharmacy contractors can opt-in to deliver (or not). This can be confusing for patients as well as other healthcare professions. The LPC is keen to have maximum participation from the enhanced and advanced services and works to ensure the pharmacies opted-into services are showing on the pharmacies’ NHS websites and have their Directory of Services maintained to enable accurate signposting for patients to access services. Further developments in technology will support more services being signposted in other ways going forward. Eg there are “postcode” lookups on the ICB and Healthy Hearts websites to identify which community pharmacies offer a Bp Check Service.

Now community pharmacy is integrated into primary care, there are some positive signs of genuine collaboration between professions so signposting into community pharmacy from general practice is increasing. As with any organisational change the speed of transition will vary and communication to patients will need to be repeated regularly as messages need to be heard numerous times to instigate and maintain changed behaviours. The LPC welcomes any community pharmacy “advocacy” not only from our GP colleagues but all the other healthcare professionals and staff working across the entire integrated care system. We certainly believe in TEAM – together everyone achieves more.

## Appendix 2

### Demographics of participants

#### Gender

Answer Choice	Response Percent	Response Total
Woman	63%	236
Man	33%	125
Non-binary	0%	1
Prefer not to say	2%	8
Prefer to self-describe	1%	4

#### Age

18 - 24 years	5%	18
25 - 49 years	25%	94
50 - 64 years	29%	110
65 - 79 years	35%	132
80+ years	3%	12
Prefer not to say	2%	8

#### Ethnicity

Arab	4%	14
Asian/Asian British: Bangladeshi	3%	11
Asian/Asian British: Chinese	1%	5
Asian/Asian British: Indian	6%	22
Asian/Asian British: Pakistani	6%	21
Asian/Asian British: Any other Asian/Asian British background	0%	1
Black/Black British: African	2%	8
Black/Black British: Caribbean	2%	9
Mixed/multiple ethnic groups: Asian and White	1%	4
Mixed/multiple ethnic groups: Black Caribbean and White	1%	5
Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background	0%	1
White: British/English/Northern Irish/Scottish/Welsh	65%	240
White: Irish	1%	2
White: Gypsy, Traveller or Irish Traveller	0%	1
White: Any other White background	4%	14



### Other characteristics

I have a disability	20%	74
I have a long-term health condition	51%	187
I am a carer	15%	55
English is not my first language	2%	7
None of the above	25%	91
I prefer not to say	13%	49

### Index of Multiple Deprivation

IMD decile	% of IMD	Count of IMD
1	25%	69
2	14%	38
3	12%	33
4	16%	44
5	17%	45
6	6%	16
7	6%	16
8	2%	5
9	1%	4
10	1%	2

**When was the last time you used a pharmacy?**

	<b>I have a disability</b>	<b>I have a long-term health condition</b>	<b>I am a carer</b>	<b>English is not my first language</b>	<b>None of the above</b>	<b>I prefer not to say</b>
<b>In the past 3 months</b>	67	168	48	5	75	37
	91%	89%	87%	71%	82%	76%
<b>Between 3 and 6 months ago</b>	3	6	4	2	12	8
	4%	3%	7%	29%	13%	16%
<b>Between 6 and 9 months ago</b>	1	5	2	0	2	2
	1%	3%	4%	0%	2%	4%
<b>Between 9 and 12 months ago</b>	1	2	0	0	2	0
	1%	1%	0%	0%	2%	0%
<b>Over a year ago</b>	2	7	1	0	0	2
	3%	4%	2%	0%	0%	4%

**How often do you use a pharmacy?**

	<b>I have a disability</b>	<b>I have a long-term health condition</b>	<b>I am a carer</b>	<b>English is not my first language</b>	<b>None of the above</b>	<b>I prefer not to say</b>
<b>Weekly</b>	12	18	11	2	15	18
	16%	10%	20%	29%	17%	37%
<b>Monthly</b>	47	108	26	1	32	21
	64%	58%	47%	14%	35%	43%
<b>Every 2-3 months</b>	6	41	10	2	22	5
	8%	22%	18%	29%	24%	10%
<b>Every six months</b>	0	1	1	1	7	2
	0%	1%	2%	14%	8%	4%
<b>Rarely</b>	3	10	4	0	14	3
	4%	5%	7%	0%	15%	6%
<b>Other (please specify):</b>	6	9	3	1	1	0
	8%	5%	6%	14%	1%	0%

**Do you tend to use one pharmacy, or do you use different pharmacies?**

	<b>I have a disability</b>	<b>I have a long-term health condition</b>	<b>I am a carer</b>	<b>English is not my first language</b>	<b>None of the above</b>	<b>I prefer not to say</b>
<b>Use the same pharmacy all the time</b>	60	130	29	1	46	19
	81%	70%	53%	14%	51%	39%
<b>Use different pharmacies but visit one more often</b>	13	46	18	2	28	18
	18%	25%	33%	29%	31%	37%
<b>Use different pharmacies</b>	1	11	8	4	17	12
	1%	6%	15%	57%	19%	25%

**Overall, how would you rate pharmacy services?**

	<b>I have a disability</b>	<b>I have a long-term health condition</b>	<b>I am a carer</b>	<b>English is not my first language</b>	<b>None of the above</b>	<b>I prefer not to say</b>
<b>Very good</b>	44	100	25	1	41	7
	60%	54%	46%	14%	45%	14%
<b>Good</b>	10	49	25	2	34	25
	14%	26%	46%	29%	37%	51%
<b>Average</b>	14	28	4	4	12	14
	19%	15%	7%	57%	13%	29%
<b>Poor</b>	3	5	1	0	3	0
	4%	3%	2%	0%	3%	0%
<b>Very Poor</b>	3	5	0	0	1	3
	4%	3%	0%	0%	1%	6%
<b>Other (please specify):</b>	6	9	3	1	1	0
	8%	5%	6%	14%	1%	0%

**How often do you use a pharmacy?**

	<b>Very good</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>Very Poor</b>
<b>Weekly</b>	27	28	8	1	2
	16.00%	20.90%	12.70%	12.50%	22.20%
<b>Monthly</b>	98	45	32	2	4
	58.00%	33.60%	50.80%	25.00%	44.40%
<b>Every 2-3 months</b>	26	38	8	3	2
	15.40%	28.40%	12.70%	37.50%	22.20%
<b>Every six months</b>	3	2	8	0	0
	1.80%	1.50%	12.70%	0.00%	0.00%
<b>Rarely</b>	7	16	7	2	1
	4.10%	11.90%	11.10%	25.00%	11.10%
<b>Other (please specify):</b>	8	5	0	0	0
	4.70%	3.70%	0.00%	0.00%	0.00%

**Have you used a pharmacy for clinical or health related advice/treatment for you or someone you care for?**

	<b>I have a disability</b>	<b>I have a long-term health condition</b>	<b>I am a carer</b>	<b>English is not my first language</b>	<b>None of the above</b>	<b>I prefer not to say</b>
<b>Yes</b>	49	120	39	4	65	33
	66%	64%	71%	57%	71%	67%
<b>No</b>	25	67	16	3	26	16
	34%	36%	29%	43%	29%	33%

**Thinking about your last visit to the pharmacy, how well do you think your needs were met? (e.g. if you have a disability, English is your second language, have a sight or hearing impairment etc)**

	<b>I have a disability</b>	<b>I have a long-term health condition</b>	<b>I am a carer</b>	<b>English is not my first language</b>	<b>None of the above</b>	<b>I prefer not to say</b>
<b>My needs were completely met</b>	47	121	31	2	50	15
	63.50%	64.70%	56.40%	28.60%	54.90%	30.60%
<b>My needs were largely met</b>	11	35	20	1	29	20
	14.90%	18.70%	36.40%	14.30%	31.90%	40.80%
<b>My needs were partially met</b>	11	19	4	4	8	10
	14.90%	10.20%	7.30%	57.10%	8.80%	20.40%
<b>My needs were not met at all</b>	5	12	0	0	4	4
	6.80%	6.40%	0.00%	0.00%	4.40%	8.20%



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