healthwatch Essex

# Experiences of Community Pharmacies in West Essex

October 2025 - March 2026

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Produced by

Healthwatch Essex

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# 1.0 Introduction

## 1.1 Healthwatch Essex

Healthwatch Essex is an independent charity which gathers and represents views about health and social care services in Essex. Our aim is to influence decision makers so that services are fit for purpose, effective and accessible, ultimately improving service user experience.

One of the functions of a local Healthwatch under the Health and Social Care Act 2012 is the provision of an advice and information service to the public about accessing, understanding, and navigating health and social care services and their choices in relation to aspects of those services. This document was revised in July 2022 and the role of Healthwatch was further strengthened as a voice of the public with a role in ensuring lived experience was heard at the highest level.

In June 2025, as part of the Dash Review, the Government announced its intention to close the Healthwatch network. However, Healthwatch Essex is an independent charity, and the organisation is currently re-branding. We have developed a sustainable model that will protect the independence of patient voice into the future.

## 1.2 Acknowledgements

Healthwatch Essex would like to thank all of the members of the public who took part in this project through discussions and engagement. Our thanks are also made to those individuals who took the time to speak with us and share their personal stories in more detail. We would also like to thank our many partners, contacts, and networks who worked with us to share the project throughout west Essex and help generate such a strong level of interest and feedback.

## 1.3 Disclaimer

Please note that this report relates to findings and observations carried out on specific dates and times, representing the views of those who contributed anonymously during this time. This report summarises themes from the responses collected and puts forward recommendations based on the experiences shared with Healthwatch Essex during this time.

## 1.4 Report Context

This report was commissioned by the Primary Care Development and Support Team at Hertfordshire and West Essex NHS Integrated Care Board (HWE ICB) from

October 2025 to March 2026. From 1 April 2026 two new organisations were made responsible for planning and overseeing NHS services for local people.

Hertfordshire joined a new organisation serving 3.5 million people across Bedfordshire, Luton, Milton Keynes, Hertfordshire, Cambridgeshire & Peterborough called the NHS Central East Integrated Care Board. West Essex joined the new NHS Essex Integrated Care Board, responsible for planning and funding NHS services for around 1.9 million people and working to improve health across Essex.

## 1.5 Topic Introduction

Healthwatch Essex were approached by the Hertfordshire and West Essex NHS Integrated Care Board (HWE ICB) to undertake a series of projects focussing on the lived experiences of people in the area in relation to their health, care and wellbeing. Two projects were selected per calendar year for in depth engagement, with the production of a report based on this engagement. One of the projects which was selected for in depth engagement was a new report on the experiences of community pharmacies in west Essex.

This report provides an updated review, following the publication of a report by Healthwatch Essex on the 'Experiences of Community Pharmacies in West Essex' for the HWE ICB from November 2022 to February 2023. This can be found on the Healthwatch Essex website: https://healthwatchessex.org.uk/library/experiences-of-community-pharmacies-in-west-essex/

Our newest report explores experiences of community pharmacies following several updates and changes designed to improve services over recent years:

- Pharmacy First Service: Pharmacy First builds on the NHS Community Pharmacist Consultation Service which has run since Oct 2019. The new Pharmacy First service, launched 31 January 2024, adds to the existing consultation service and enables community pharmacies to complete episodes of care for 7 common conditions following defined clinical pathways. NHS England » Pharmacy First
- Original Pack Dispensing: From January 2025, a new regulation introduced the use of Original Pack Dispensing (OPD) +/- 10% for NHS prescriptions. Pharmacists must consider if it is reasonable and appropriate to dispense up to 10% more or less than the prescribed quantity stated on a prescription if it would mean that the medicine can be supplied as an original pack.
- Supervision: Legislation was published in December 2025 to reduce direct pharmacist involvement in the supervision of dispensing activities.
- Hub and Spoke Dispensing: From October 2025, dispensing processes could be shared between different retail pharmacies, subject to conditions.

## 1.6 Topic Background

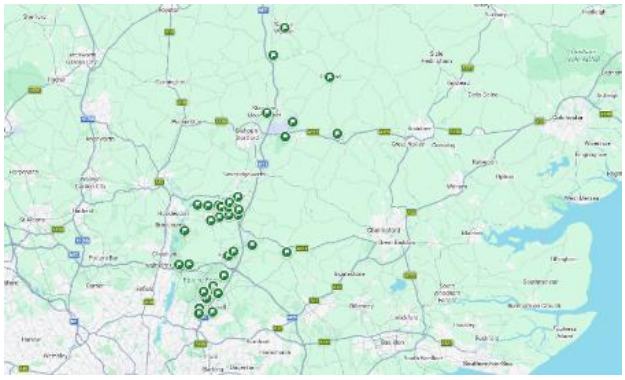
Community pharmacies, also known as 'high-street pharmacies', form part of the four pillars of the primary care system, alongside general practice, dental and optometry services. Traditional pharmacies often appear as retail outlets, supported by qualified professionals who can help patients with access to medicines and healthcare advice. They are usually independent businesses contracted by the NHS to provide certain services to the local community.

From 1 April 2013, NHS England (NHSE) has been responsible for the commissioning of NHS pharmaceutical services in England and for negotiating changes to arrangements for the provision of services. Some NHS pharmaceutical services are also locally commissioned. The Community Pharmacy Contractual Framework (CPCF) for pharmacy contractors is set out in the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Under the framework, there are three types of services which can be provided by community pharmacies and appliance contractors: essential services, advanced services, and enhanced services.

One of the key responsibilities of the Essex Health and Wellbeing Board (HWB) at Essex County Council is to develop and produce a Pharmaceutical Needs Assessment (PNA). This is an overview which assesses the current provision of pharmaceutical services in Essex, determines whether these services meet the needs of the population, and identifies any potential gaps in service delivery.

According to Office for National Statistics mid-year 2023 population estimates, west Essex has a diverse population of approximately 325,609 residents. Across the three districts, this includes an estimate of 96,040 residents in Harlow, 135,975 residents in Epping Forest, and 93,594 residents in Uttlesford.

As of December 2024, Essex County Council's PNA identified there are 230 pharmacies, 47 dispensing doctors, 5 dispensing appliance contractors and 6 distance selling pharmacies registered with NHS England in the Essex HWB area (not including Southend and Thurrock).



Across west Essex, approximately 45 community pharmacies are registered and contracted by the NHS to provide services to the local population.

*Community Pharmacies in west Essex*
*Google Maps (April 2026)*

# 2.0 Purpose

The aim of this project was to explore the experiences of community pharmacies in west Essex. This included gathering views and feedback from local residents on how pharmacies could be improved to increase service use and engagement.

Our engagement spanned across the three districts, including Harlow, Uttlesford and Epping Forrest. Some participants were also captured from East Hertfordshire, where county boundaries overlapped based on the location of local services.

## 2.1 Engagement Methods

Participants were contacted via our extensive networks and the Healthwatch Essex website. Our partners, other organisations and working groups in west Essex, together with many individuals inside and outside of the NHS, supported our efforts to engage with as many people throughout the area as possible.

**Survey**

A survey was produced by Healthwatch Essex and Healthwatch Hertfordshire, with input from the Primary Care Transformation Team and the Pharmacy Medicines Optimisation Team at Hertfordshire & West Essex NHS Integrated Care Board. The survey was conducted anonymously to gather views and feedback on service experiences from residents in west Essex between October 2025 to March 2026. To provide greater accessibility, the survey was made available online, in paper format, and participants could provide responses in-person, via email, telephone or video call. All participants gave consent to have responses recorded.

**Interviews**

Individual interviews were conducted to collect personal stories from members of the public. To provide greater accessibility, conversations were carried out both in-person and via email, telephone and video calls from October 2025 to March 2026. All participants gave consent to have their interviews recorded.

Interviews were carried out in private and confidential settings. Individuals were able to share their personal stories in their own time during these conversations, providing rich qualitative engagement, shaped into case studies. Participants were willing for their experiences to be shared within this report, however, to ensure their anonymity and the confidentiality of the information they provided, all names used are pseudonyms to protect their identities.

## 2.2 Engagement Levels

During the promotion of our survey, we received the following interest and engagement from members of the public, our networks, and local organisations.

### Survey

We engaged with 110 participants who were interested in sharing their views and experiences of using local community pharmacies.

### Interviews

We spoke with 5 participants who were interested in sharing their experiences of using their local community pharmacies in more detail. These responses were formed to create 5 case studies.

### Community Outreach

We attended 5 public health and voluntary sector events across west Essex, engaging with local residents. The project was also promoted during outreach and engagement activities led by our Information and Guidance team and wider Healthwatch Essex team.

### Networking

Promotional materials and printed copies of the survey were displayed and shared across Harlow, Epping Forest and Uttlesford. This included 45 registered pharmacy practices across west Essex.

Further engagement included:

- Voluntary, community, and social enterprise organisations
- Local community groups, social hubs and community centres
- Health and social care services and professionals
- Local authorities and community champions

### Social Media

The project was promoted widely via our website and social media pages, reaching 2.5K Facebook followers, 1.5K Instagram followers, and 2K LinkedIn followers. Posts were also shared in 75+ Facebook Groups, reaching community members from across west Essex. (Figures taken from April 2026).

### Other Engagement

Other forms of engagement included via email, telephone and online enquiries, organisational newsletters, word of mouth, networking events, and local steering and action groups.

## 2.2 Executive Summary

This executive summary provides an overview of the key findings from both Healthwatch Essex and Healthwatch Hertfordshire's reports on the 'Experiences of Community Pharmacies' between October 2025 and March 2026.

Each of these reports include a set of local recommendations that reflect the lived experiences of residents based in west Essex and Hertfordshire.

**The use of pharmacies was high among residents, with nearly ¾ of survey participants using pharmacies on a monthly basis.** Many residents used their local pharmacy as their first port of call. Pharmacies are primarily used for collecting prescriptions, but many residents also rely on them for over-the-counter medication, vaccinations, and health advice.

**There is limited public awareness of the full range of pharmacy services on offer, including NHS Pharmacy First.** This is mostly due to perceptions of pharmacies as being primarily dispensing services. Experiences vary significantly between locations, which creates confusion for patients and unequal access to services. Some residents were not familiar with the term 'community pharmacies', and preferred to refer to them as 'high-street pharmacies'.

**Most felt that their pharmacy was easily accessible.** Pharmacies were widely valued for their walk-in flexible hours, ease of use, and are often seen as more accessible than GP services. However, tailored communication that supports those with additional needs and language barriers is needed.

**Most residents praised pharmacists for being friendly, supportive, and professional, helping to build trust and provide reassurance.** Pharmacies were viewed as approachable and helpful for seeking advice. However, negative experiences were mainly due to a lack of understanding from staff, which lowered confidence in service use.

**Pharmacies were a trusted pillar of the primary care system.** Residents had high levels of trust in their ability to manage minor ailments and new medications. However, confidence was lower for the management of long-term conditions and new health concerns.

**Residents had mixed views on whether pharmacies offered a personalised service.** Some residents had been using the same pharmacy for many years, developing trusting relationships with staff that understood their medical history and individual needs. In contrast, increasing demand and staff shortages sometimes impacted service delivery and the quality of care received.

**There was a concern over the level of privacy in pharmacies.** Many felt less comfortable in pharmacies when private consultation rooms were unavailable, and interactions occurred in earshot of other customers. This led to less engagement with some NHS Pharmacy First services for treatment of particular conditions.

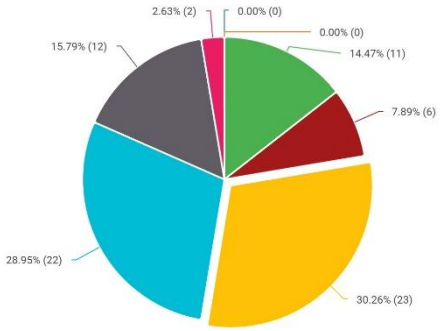
**Some residents felt that their pharmacy and GP practice work well together and that repeat prescription services were efficient.** Issues in coordination and communication between pharmacies and GP services were often due to medication prescriptions and dispensing. This meant residents had to navigate between services.

**Many residents saw pharmacies as an 'underused' resource, while others thought pharmacies were 'overstretched'.** Pharmacies were seen as an essential, front-line healthcare service, with the potential to play a larger role in the healthcare system and relieve pressure on other NHS services.

# 3.0 Demographics

Demographic questions were asked to understand the key characteristics of participants, how this might impact their responses and lived experiences, and identify any trends in health inequalities for specific community groups. Questions focussed on age, gender, ethnicity, disability, long-term health conditions, location and carer status, and were answered on a voluntary basis.

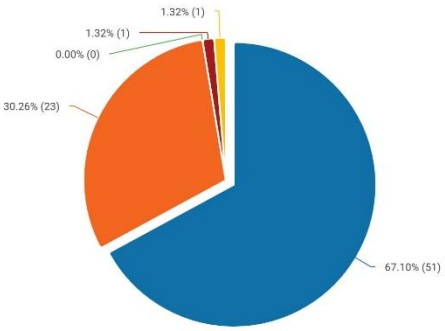
Out of 110 participants, we collected the following demographic information:




### Age

A total of 76 participants responded.

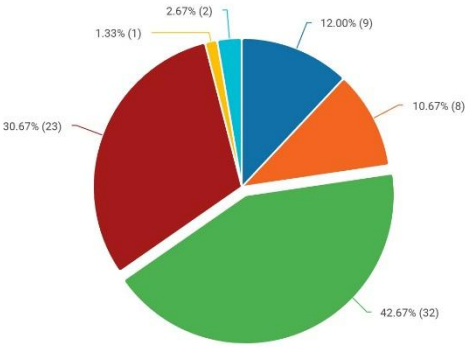
- 18-24 years (0%, 0 participants)
- 25-34 years (0%, 0 participants)
- 35-44 years (14.47%, 11 participants)
- 45-54 years (7.89%, 6 participants)
- 55-64 years (30.26%, 23 participants)
- 65-74 years (28.95%, 22 participants)
- 75+ years (15.79%, 12 participants)
- Prefer not to say (2.63%, 2 participants)




### Gender

A total of 76 participants responded.

- Woman (67.11%, 51 participants)
- Man (30.26%, 23 participants)
- Non-binary (0.00%, 0 participants)
- Prefer not to say (1.32%, 1 participant)
- Prefer to self describe (1.32%, 1 participant)



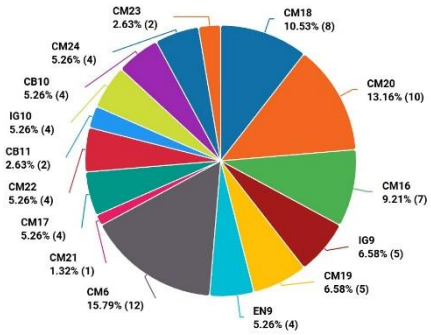

### Carers, Disabilities and LTCs

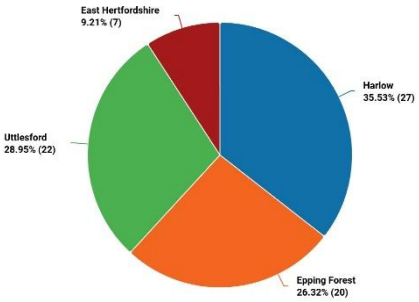
A total of 75 participants responded.

- Carers (12.00%, 9 participants)
- Disabilities (10.67%, 8 participants)
- Long-term conditions (42.67%, 32 participants)
- More than one long-term condition or disability (2.67%, 2 participants)
- None of the above (30.67%, 23 participants)
- Prefer not to say (1.33%, 1 participant)

## Location

A total of 76 participants responded.



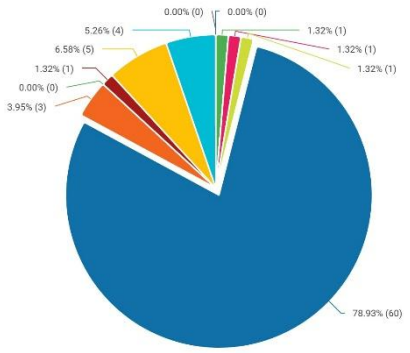

- CM6, Dunmow (15.79%, 12 participants)
- CM20, Harlow (13.16%, 10 participants)
- CM18, Harlow (10.53%, 8 participants)
- CM16, Epping (9.21%, 7 participants)
- CM19, Harlow (6.58%, 5 participants)
- IG9, Buckhurst Hill (6.58%, 5 participants)
- IG10, Loughton (5.26%, 4 participants)
- EN9, Waltham Abbey (5.26%, 4 participants)
- CB10, Saffron Walden (5.26%, 4 participants)
- CM17, Harlow (5.26%, 4 participants)
- CM22, Bishop's Stortford (5.26%, 4 participants)
- CM24, Stansted (5.26%, 4 participants)
- CM23, Bishop's Stortford (2.63%, 2 participants)
- CB11, Saffron Walden (2.63%, 2 participants)
- CM21, Sawbridgeworth (1.32%, 1 participant)

- 35.53% (27 participants) live in Harlow
- 28.95% (22 participants) lived in Uttlesford
- 26.32% (20 participants) lived in Epping Forest
- 9.21% (7 participants) lived in East Hertfordshire

## Ethnicity

A total of 76 participants responded.

- White: British/English/Northern Irish/ Scottish/Welsh (78.95%, 60 participants)
- White: Any other White background (6.58%, 5 participants)
- Prefer not to say (5.26%, 4 participants)
- White: Irish (3.95%, 3 participants)
- White: Italian (1.32%, 1 participant)
- Black/Black British: Caribbean (1.32%, 1 participant)
- Mixed/multiple ethnic groups: Black Caribbean and White (1.32%, 1 participant)
- Asian/Asian British: Chinese (1.32%, 1 participant)



**Key Demographic Themes**

Strong Representation from Older Age Groups:

- The majority of respondents were aged 55 and above (over 74%), providing valuable insight into the experiences of those who are more likely to use healthcare services regularly in west Essex.
- There was more limited participation from younger age groups, which could suggest lower levels of engagement with pharmacies.

Higher Participation from Women:

- Most respondents identified as women (67.11%), with men representing 30.26% of responses. This provides a strong perspective on women's experiences of community pharmacy services, and suggests women may have higher levels of engagement with pharmacies in west Essex.

Representation of People with Ongoing Health Needs:

- A notable proportion of participants reported they were living with long-term conditions (42.67%), alongside carers and those with disabilities.
- This reflects the views of individuals who are more likely to have regular interaction with pharmacy services.

Coverage Across West Essex Districts:

- Responses were received from across the region, with the highest representation from Harlow (35.53%), followed by Uttlesford (28.95%) and Epping Forest (26.32%). This provides a broad geographical picture of experiences across west Essex.

Ethnic Backgrounds:

- Most respondents identified as White British (78.95%), with some representation from other ethnic backgrounds.
- This reflects the demographic profile of many local areas, while also highlighting the importance of continuing to engage diverse communities.

Insight into Regular Pharmacy Users:

- Overall, this sample provides strong insight into the experiences of regular pharmacy users, particularly those with ongoing health needs and frequent contact with services.

# 4.0 Survey

A total of 110 participants responded to our survey on 'Experiences of Community Pharmacies in West Essex'. The following results were found from their responses, with the graphics below illustrating the answer choices, response percentage and response total, with a visual bar graph to show key responses.

### Part 1: Accessing Pharmacies

#### 1. How often do you use a pharmacy?

| Answer Choices | | | Response Percent | Response Total |
|---|---|---|---|---|
| 1 | Daily |  | 0.91% | 1 |
| 2 | Weekly |  | 14.55% | 16 |
| 3 | Monthly |  | 72.73% | 80 |
| 4 | Every 6 months |  | 7.27% | 8 |
| 5 | Annually |  | 2.73% | 3 |
| 6 | I don't know |  | 1.82% | 2 |
| 7 | I don't use a pharmacy | | 0.00% | 0 |

**Survey results:**

110 participants answered this question.
0 participants skipped this question.

- 80 participants (72.73%) responded 'monthly'.
- 16 participants (14.55%) responded 'weekly'.
- 8 participants (7.27%) responded 'every 6 months'.
- 3 participants (2.73%) responded 'annually'.
- 2 participants (1.82%) responded 'I don't know'.
- 1 participant (0.91%) responded 'daily'.
- 0 participants (0.00%) responded 'I don't use a pharmacy'.

All 110 participants responded that they used a community pharmacy, with nearly ¾ of participants stating they used a community pharmacy on a monthly basis.

**2. Why do you tend to use a pharmacy?**

**Please tick all that apply.**

| Answer Choices | | | Response Percent | Response Total |
|---|---|---|---|---|
| 1 | To collect prescription medication for myself or someone else |  | 92.66% | 101 |
| 2 | To purchase over the counter medication |  | 55.05% | 60 |
| 3 | To get advice/information from a pharmacist |  | 47.71% | 52 |
| 4 | For vaccinations |  | 50.46% | 55 |
| 5 | For a consultation or advice for managing a condition |  | 19.27% | 21 |
| 6 | To purchase non-medical items (e.g., nail clippers, shampoo) |  | 29.36% | 32 |
| 7 | Other (please specify): |  | 3.67% | 4 |

**Survey results:**

109 participants answered this question.
1 participant skipped this question.

- 101 participants (92.66%) said ‘to collect prescription medication’.
- 60 participants (55.05%) said ‘to purchase over the counter medication’.
- 55 participants (50.46%) said 'for vaccinations’.
- 52 participants (47.71%) said 'to get advice/information from a pharmacist’.
- 32 participants (29.36%) said ‘to purchase non-medical items’.
- 21 participants (19.27%) said ‘for a consultation or advice for a condition’.
- 4 participants (3.67%) said ‘other’.

Other responses mentioned for ‘delivery of medication’, ‘health checks’, ‘travel advice’, ‘baby products’, ‘unavailable medicines’, or to discuss ‘medicine effects’.

**3. To what extent do you agree with the following statements around accessing your local pharmacy?**

| Answer Choices | Strongly Agree | Agree | Neither | Disagree | Strongly Disagree | Response Total |
|---|---|---|---|---|---|---|
| It has convenient opening hours | 47.71%<br>52 | 36.70%<br>40 | 10.09%<br>11 | 4.59%<br>5 | 0.92%<br>1 | 109 |
| It's close to home | 59.63%<br>65 | 21.10%<br>23 | 11.93%<br>13 | 6.42%<br>7 | 0.92%<br>1 | 109 |
| There is parking or public transport availability | 34.86%<br>38 | 41.28%<br>45 | 14.68%<br>16 | 2.75%<br>3 | 6.42%<br>7 | 109 |
| There are short wait times for prescriptions or consultations | 44.95%<br>49 | 34.86%<br>38 | 11.01%<br>12 | 6.42%<br>7 | 2.75%<br>3 | 109 |
| It's physically accessible for me | 60.00%<br>66 | 31.82%<br>35 | 5.45%<br>6 | 0.91%<br>1 | 1.82%<br>2 | 110 |

**Survey results:**

Between 109 - 110 participants answered this question.
1 participant skipped elements of this question.

- Out of 109 participants, 52 (47.71%) 'strongly agreed' and 40 (36.70%) 'agreed' that their local pharmacy has 'convenient opening hours'.
- Out of 109 participants, 65 (59.63%) 'strongly agreed' and 23 (21.10%) 'agreed' that their local pharmacy is 'close to home'.
- Out of 109 participants, 45 (41.28%) 'agreed' and 38 (34.86%) 'strongly agreed' that 'there is parking or public transport availability'.
- Out of 109 participants, 49 (44.95%) 'strongly agreed' and 38 (34.86%) 'agreed' that 'there are short wait times for prescriptions or consultations'.
- Out of 110 participants, 66 (60.00%) 'strongly agreed' and 35 (31.82%) 'agreed' that their local pharmacy is 'physically accessible' for them.

**4. Are there any reasons why you wouldn't use your local pharmacy?**

**Please tick all that apply.**

| Answer Choices | | | Response Percent | Response Total |
|---|---|---|---|---|
| 1 | I don't have a need to use a pharmacy |  | 4.63% | 5 |
| 2 | I would go somewhere else first (e.g., online advice, GP...) |  | 11.11% | 12 |
| 3 | I'm not sure if they can help |  | 8.33% | 9 |
| 4 | I'm not sure what services a pharmacy offers |  | 6.48% | 7 |
| 5 | I don't trust their expertise |  | 7.41% | 8 |
| 6 | I am worried about privacy |  | 7.41% | 8 |
| 7 | Difficult to access - too far away |  | 3.70% | 4 |
| 8 | Difficult to access - opening times |  | 5.56% | 6 |
| 9 | Difficult to access – parking and physical accessibility |  | 6.48% | 7 |
| 10 | Poor previous experience |  | 5.56% | 6 |
| 11 | None of the above |  | 62.04% | 67 |
| 12 | Other (please specify): |  | 4.63% | 5 |

**Survey results:**

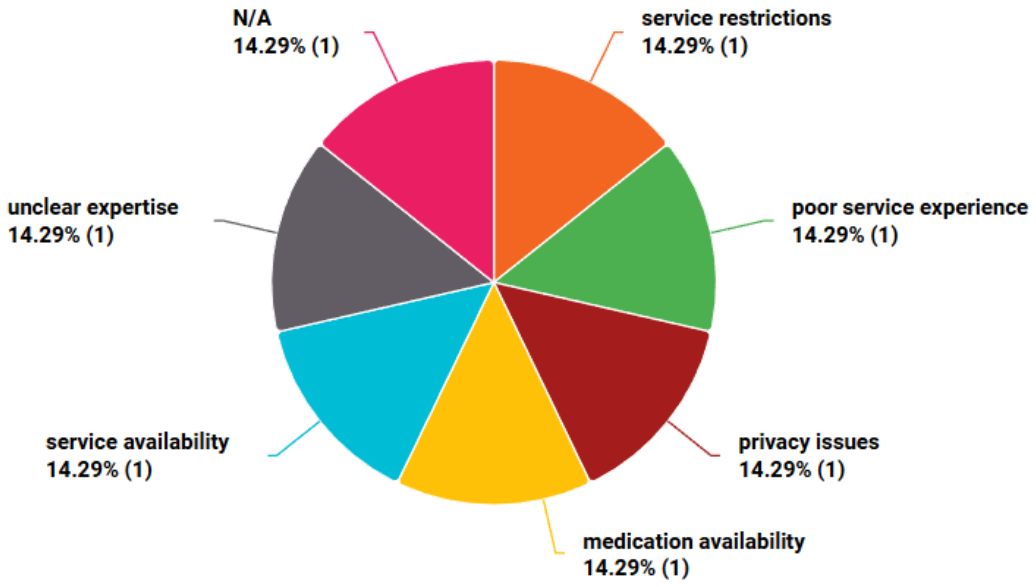
108 participants answered this question.
2 participants skipped this question.

- 67 participants (62.04%) said 'none of the above'.
- 12 participants (11.11%) said 'I would go somewhere else first'.
- 9 participants (8.33%) said 'I'm not sure if they can help.'
- 8 participants (7.41%) said 'I don't trust their expertise'.
- 8 participants (7.41%) said 'I am worried about privacy'.
- 7 participants (6.48%) said 'I'm not sure what services a pharmacy offers'.
- 7 participants (6.48%) said 'difficult to access' (parking and physical).
- 6 participants (5.56%) said 'difficult to access' (opening times).
- 6 participants (5.56%) said 'poor previous experience'.
- 5 participants (4.63%) said 'I don't have a need to use a pharmacy'.
- 5 participants (4.63%) said 'other'.
- 4 participants (3.70%) said 'difficult to access' (too far away).

**Other Comments:**

Other responses mentioned by 5 participants included the following themes:

- Service restrictions (14.29%)
- Poor service experience (14.29%)
- Privacy issues (14.29%)
- Medication availability (14.29%)
- Service availability(14.29%)
- Unclear expertise (14.29%)
- N/A (14.29%)



**5. What would help you to use a pharmacy more often?**

**Please tick all that apply.**

| Answer Choices | | | Response Percent | Response Total |
|---|---|---|---|---|
| 1 | Better accessibility (location) |  | 10.89% | 11 |
| 2 | Better accessibility (opening times) |  | 23.76% | 24 |
| 3 | Better accessibility (parking and physical accessibility) |  | 15.84% | 16 |
| 4 | More privacy |  | 20.79% | 21 |
| 5 | More information about what a pharmacy offers |  | 24.75% | 25 |
| 6 | Availability of medication |  | 13.86% | 14 |
| 7 | Availability of support/advice/information |  | 17.82% | 18 |
| 8 | Other (please specify): |  | 30.69% | 31 |

**Survey results:**

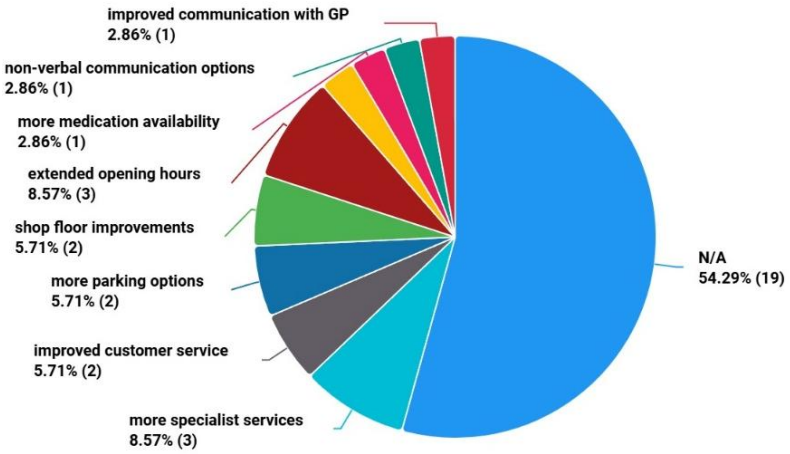
101 participants answered this question.
9 participants skipped this question.

- 31 participants (30.69%) said ‘other’.
- 25 participants (24.75%) said 'more information on what pharmacies offer’.
- 24 participants (23.76%) said ‘better accessibility (opening times)’.
- 21 participants (20.79%) said 'more privacy’.
- 18 participants (17.82%) said ‘availability of support/advice/information’.
- 16 participants (15.84%) said 'better accessibility (parking and physical).
- 14 participants (13.86%) said ‘availability of medication’.
- 11 participants (10.89%) said ‘better accessibility (location)’.

The majority of participants, nearly ¼ of responses, mentioned they would like more information about what a pharmacy offers, including the type of services available and the issues and conditions a pharmacy can support with.

**Other Comments:**

- 19 comments (54.29%) were 'none' or 'not applicable'.
- 3 comments (8.57%) mentioned a wider range of services.
- 3 comments (8.57%) mentioned extended opening hours.
- 2 comments (5.71%) mentioned improved customer service.
- 2 comments (5.71%) mentioned more parking options.
- 1 comment (2.86%) mentioned more medication availability.
- 1 comment (2.86%) mentioned non-verbal communication options.
- 1 comment (2.86%) mentioned improved communication with GP.




In total, 20% (7) of these comments mentioned extending community pharmacy services and availability (wider range of services, extended opening hours, more medication availability) would help them to use pharmacies more often.

Following this, 17.14% (6) of comments mentioned the need for improved accessibility (extended opening hours, more parking options, more inclusive communication options such as BSL, lip-reading, and use of other languages).

Combining these comments with the previous answer choices, more than half of the participants at 56.05% (57) mentioned a response which would improve accessibility (better location, opening times, parking and physical accessibility).

**Case study 1:**

"I would like to see the role of local pharmacies extended. The addition of one extra treatment room at my local pharmacy or extended hours and some reconfiguring of the shop - perhaps a small extension on the back of the shop would mean it would be possible to offer a regular visiting physio service, a regular phlebotomy service and perhaps some further local testing or scanning.

Having such services provided during extended hours and at weekends might make it possible for those who are working and likely to put off going to the GP to just go into the shop and get the things they need done - easier than making a GP appointment – just going into a shop. Really important for men's health."

## Part 2: Awareness of Services

### 6. Are you aware of the following conditions that can be treated by a community pharmacy? How likely would you be to use these services?

| Answer Choices | I'm aware of this service and would visit a pharmacy to treat this condition | I was not aware of this service, but would visit a pharmacy to treat this condition | I have visited the pharmacy to use this service and treat this condition | I would prefer not to visit a pharmacy to treat this condition | Response Total |
|---|---|---|---|---|---|
| Sinusitis | 46.07%<br>41 | 30.34%<br>27 | 5.62%<br>5 | 17.98%<br>16 | 89 |
| Sore throat | 63.33%<br>57 | 14.44%<br>13 | 8.89%<br>8 | 13.33%<br>12 | 90 |
| Ear ache | 56.82%<br>50 | 21.59%<br>19 | 4.55%<br>4 | 17.05%<br>15 | 88 |
| Infected insect bite | 60.92%<br>53 | 21.84%<br>19 | 11.49%<br>10 | 5.75%<br>5 | 87 |
| Impetigo | 45.98%<br>40 | 37.93%<br>33 | 2.30%<br>2 | 13.79%<br>12 | 87 |
| Shingles | 35.63%<br>31 | 37.93%<br>33 | 1.15%<br>1 | 25.29%<br>22 | 87 |
| Uncomplicated urinary tract infections | 42.70%<br>38 | 30.34%<br>27 | 5.62%<br>5 | 21.35%<br>19 | 89 |
| Blood pressure check | 60.47%<br>52 | 18.60%<br>16 | 5.81%<br>5 | 15.12%<br>13 | 86 |
| Pharmacy Contraception Service | 48.31%<br>43 | 22.47%<br>20 | 5.62%<br>5 | 23.60%<br>21 | 89 |
| Urgent medicine supply | 54.55%<br>48 | 29.55%<br>26 | 7.95%<br>7 | 7.95%<br>7 | 88 |
| Smoking Cessation Service | 53.41%<br>47 | 28.41%<br>25 | 1.14%<br>1 | 17.05%<br>15 | 88 |
| Flu vaccinations | 63.64%<br>56 | 2.27%<br>2 | 20.45%<br>18 | 13.64%<br>12 | 88 |

**Survey results:**

Response totals varied between 86 – 90 participants per answer choice for this question. Between 20-24 participants skipped the question based on relevance.

Sinusitis:

- A total of 89 out of 110 participants provided a response for this condition.
- A majority of 41 participants (46.07%) said 'I'm aware of this service and would visit a pharmacy to treat this condition'.
- This was followed by 27 participants (30.34%), whom said 'I was not aware of this service, but would visit a pharmacy to treat this condition'.

Sore throat:

- A total of 90 out of 110 participants provided a response for this condition.
- A majority of 57 participants (63.33%) said 'I'm aware of this service and would visit a pharmacy to treat this condition'.
- This was followed by 13 participants (14.44%) whom said 'I was not aware of this service, but would visit a pharmacy to treat this condition'.

Ear ache:

- A total of 88 out of 110 participants provided a response for this condition.
- A majority of 50 participants (56.82%) said 'I'm aware of this service and would visit a pharmacy to treat this condition'.
- This was followed by 19 participants (21.59%) whom said 'I was not aware of this service, but would visit a pharmacy to treat this condition'.

Infected insect bite:

- A total of 87 out of 110 participants provided a response for this condition.
- A majority of 53 participants (60.92%) said 'I'm aware of this service and would visit a pharmacy to treat this condition'.
- This was followed by 19 participants (21.84%) whom said 'I was not aware of this service, but would visit a pharmacy to treat this condition'.

Impetigo:

- A total of 87 out of 110 participants provided a response for this condition.
- A majority of 40 participants (45.98%) said 'I'm aware of this service and would visit a pharmacy to treat this condition'.
- This was followed by 33 participants (37.93%) whom said 'I was not aware of this service, but would visit a pharmacy to treat this condition'.

Shingles:

- A total of 87 out of 110 participants provided a response for this condition.
- A majority of 33 participants (37.93%) said 'I was not aware of this service, but would visit a pharmacy to treat this condition'.
- This was followed by 31 participants (35.63%) whom said 'I'm aware of this service and would visit a pharmacy to treat this condition'.

Uncomplicated urinary tract infections:

- A total of 89 out of 110 participants provided a response for this condition.
- A majority of 38 participants (42.70%) said 'I'm aware of this service and would visit a pharmacy to treat this condition'.
- This was followed by 27 participants (30.34%) whom said 'I was not aware of this service, but would visit a pharmacy to treat this condition'.

Blood pressure check:

- A total of 86 out of 110 participants provided a response for this condition.
- A majority of 52 participants (60.47%) said 'I'm aware of this service and would visit a pharmacy to treat this condition'.
- This was followed by 16 participants (18.60%) whom said 'I was not aware of this service, but would visit a pharmacy to treat this condition'.

Pharmacy contraception service:

- A total of 89 out of 110 participants provided a response for this condition.
- A majority of 43 participants (48.31%) said 'I'm aware of this service and would visit a pharmacy to treat this condition'.
- This was followed by 21 participants (23.60%) whom said 'I would prefer not to visit a pharmacy to treat this condition'.
- Meanwhile, another 20 participants (22.47%) said 'I was not aware of this service, but would visit a pharmacy to treat this condition'.

Urgent medicine supply:

- A total of 88 out of 110 participants provided a response for this condition.
- A majority of 48 participants (54.55%) said 'I'm aware of this service and would visit a pharmacy to treat this condition'.
- This was followed by 26 participants (29.55%) whom said 'I was not aware of this service, but would visit a pharmacy to treat this condition'.

Smoking cessation service:

- A total of 88 out of 110 participants provided a response for this condition.

- A majority of 47 participants (53.41%) said 'I'm aware of this service and would visit a pharmacy to treat this condition'.
- This was followed by 25 participants (28.41%) whom said 'I was not aware of this service, but would visit a pharmacy to treat this condition'.

Flu vaccination service:

- A total of 88 out of 110 participants provided a response for this condition.
- A majority of 56 participants (63.64%) said 'I'm aware of this service and would visit a pharmacy to treat this condition'.
- This was followed by 18 participants (20.45%) whom said 'I have visited the pharmacy to use this service and treat this condition.'

**7. If you have used any of the services listed above, how would you rate your experience? (If you have not used these services, please skip this question.)**

| Answer Choices | Strongly agree | Agree | Neither | Disagree | Strongly disagree | Response Total |
|---|---|---|---|---|---|---|
| I was confident in the practitioner | 57.89%<br>44 | 27.63%<br>21 | 13.16%<br>10 | 0.00%<br>0 | 1.32%<br>1 | 76 |
| My health query was sorted by my visit | 49.33%<br>37 | 30.67%<br>23 | 14.67%<br>11 | 2.67%<br>2 | 2.67%<br>2 | 75 |
| The pharmacist was knowledgeable and helpful | 57.89%<br>44 | 28.95%<br>22 | 10.53%<br>8 | 1.32%<br>1 | 1.32%<br>1 | 76 |
| The practitioner was friendly and caring | 53.95%<br>41 | 31.58%<br>24 | 10.53%<br>8 | 2.63%<br>2 | 1.32%<br>1 | 76 |
| The advice and information I received was clear and easy to understand | 53.95%<br>41 | 32.89%<br>25 | 10.53%<br>8 | 0.00%<br>0 | 2.63%<br>2 | 76 |
| The service was quick and efficient | 50.00%<br>38 | 32.89%<br>25 | 13.16%<br>10 | 2.63%<br>2 | 1.32%<br>1 | 76 |
| I would recommend the service to a friend or family member | 53.33%<br>40 | 26.67%<br>20 | 13.33%<br>10 | 4.00%<br>3 | 2.67%<br>2 | 75 |

**Survey results:**

Response totals varied between 75 - 76 participants per answer choice for this question. Between 35 - 36 participants skipped the question based on relevance.

Participants rated their service experience depending on how much they agreed with the statements listed below, responding with the following:

'I was confident in the practitioner':

- Out of 76 total responses, 44 participants (57.89%) 'strongly agreed' and 21 participants (27.63%) 'agreed' with this statement.

'My health query was sorted by my visit':

- Out of 75 total responses, 37 participants (49.33%) 'strongly agreed' and 23 participants (30.67%) 'agreed' with this statement.

'The pharmacist was knowledgeable and helpful':

- Out of 76 total responses, 44 participants (57.89%) 'strongly agreed' and 22 participants (28.95%) 'agreed' with this statement.

'The practitioner was friendly and caring':

- Out of 76 total responses, 41 participants (53.95%) 'strongly agreed' and 24 participants (31.58%) 'agreed' with this statement.

'The advice and information I received was clear and easy to understand':

- Out of 76 total responses, 41 participants (53.95%) 'strongly agreed' and 25 participants (32.89%) 'agreed' with this statement.

'The service was quick and efficient':

- Out of 76 total responses, 38 participants (50.00%) 'strongly agreed' and 25 participants (32.89%) 'agreed' with this statement.

'I would recommend the service to a friend or family member':

- Out of 75 total responses, 40 participants (53.33%) 'strongly agreed' and 20 participants (26.67%) 'agreed' with this statement.

Statements participants agreed with the most included, 'I was confident in the practitioner' and 'the pharmacist was knowledgeable and helpful'. Statements with lower levels of agreement included 'my health query was sorted by my visit' and 'I would recommend the service to a friend or family member'.

**8. If you have used any of the services listed above, how did you find out about what services your pharmacy offers? Please tick all that apply.**

**(If you have not used any of these services, please skip this question.)**

| Answer Choices | | | Response Percent | Response Total |
|---|---|---|---|---|
| 1 | Through my GP practice |  | 24.68% | 19 |
| 2 | From 111 (online or phone) |  | 9.09% | 7 |
| 3 | NHS website |  | 27.27% | 21 |
| 4 | Internet search |  | 14.29% | 11 |
| 5 | From the pharmacy |  | 64.94% | 50 |
| 6 | Word-of-mouth (friends and family) |  | 23.38% | 18 |
| 7 | From another healthcare service (e.g., hospital, urgent care centre, dentist...) |  | 7.79% | 6 |
| 8 | Through a health hub or mobile health clinic |  | 3.90% | 3 |
| 9 | Other (please specify): |  | 10.39% | 8 |

**Survey results:**

77 participants answered this question.
33 participants skipped this question based on relevance.

- 50 participants (64.94%) said 'from the pharmacy'.
- 21 participants (27.27%) said 'NHS website'.
- 19 participants (24.68%) said 'through my GP practice'.
- 11 participants (14.29%) said 'internet search'.
- 8 participants (10.39%) said 'other'.

- 7 participants (9.09%) said 'from 111 (online or phone)'.
- 6 participants (7.79%) said 'from another healthcare service (e.g., hospital, urgent care centre, dentist)'.
- 3 participants (3.90%) said 'through a health hub or mobile health clinic'.

Other Comments:

- 1 comment was 'not applicable'.
- 2 comments referred to 'general awareness'.
- Further comments mentioned: patient participation groups, NHS updates, window advertising, healthcare professionals, and news reports.

**9. If you have used any of the services listed above, we would like to hear more about your experiences. Do you have any other feedback you would like to share about the care you received?**

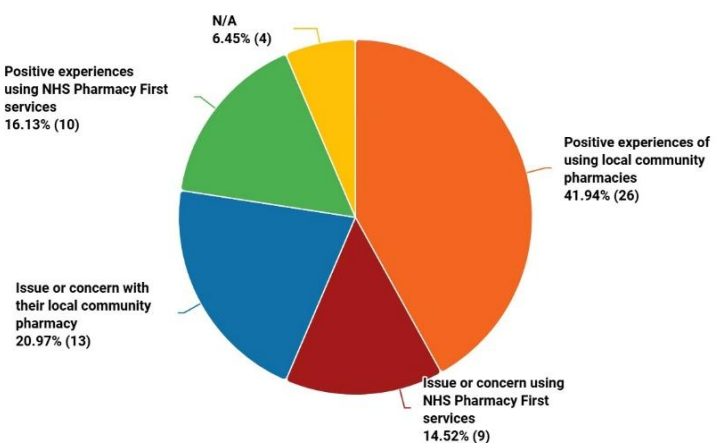
| Answer Choices | | Response Total |
|---|---|---|
| 1 | Open-Ended Question | 47 |

**Survey results:**

47 participants responded to the question.
63 participants skipped the question based on relevance.
4 responses were not applicable.

Out of those 47 participants who responded to the question:

- 26 participants (55.32%) provided positive feedback on their pharmacy.
- 13 participants (27.66%) shared issues or concerns with their pharmacy.




- 10 participants (21.28%) provided positive feedback on Pharmacy First services.
- 9 participants (19.15%) shared issues or concerns with Pharmacy First services.

**Key responses:**

Positive experiences with staff and quality of care:

Out of the 26 participants who provided positive feedback on using their local community pharmacy, one of the strongest themes across the responses was the high regard for pharmacy staff.

- *'Staff gave me time, polite, efficient and friendly.'*
- *'My pharmacist is brilliant, always able to offer advice.'*
- *'Outstanding care from many pharmacies.'*


Many participants described staff as friendly, knowledgeable, professional, and supportive and valued being listened to, receiving clear advice, and feeling reassured. Several described care as 'excellent' and 'outstanding'.

**Case study 2:**

*'My local pharmacy is excellent. Friendly, feels relaxed, always really helpful - I am much more likely to ask for help around a health issue earlier if I can just pop into the pharmacy - for example - I might go in to buy something over the counter to treat my sons ear condition and the pharmacist will automatically ask me some questions before making a recommendation and in so doing will tell me what to expect and what I need to do next if no improvement within a certain timescale or if a deterioration. So I feel more supported and better informed around something I might not have wanted to make a GP appointment for.'*

**Case study 3:**

*'When I phoned the GP surgery for an appointment to discuss a tooth extraction which the dentist said was risky because of the medication I'm on, I was given a phone appointment with the GP pharmacist in two weeks time. I went to a high street pharmacist that day and had a long, useful consultation in-person in which we decided my risk was low so I was able to tell the dentist I'd like him to refer me to a dental hospital.'*

### Speed, convenience, and accessibility:

Pharmacies are widely seen as quick and convenient, particularly compared to GP services. Respondents highlighted fast access to treatment, shorter waiting times, and the ability to receive advice without an appointment. Many reported choosing pharmacies as a first point of contact for minor conditions.

- *'I have had ear infection treatment which was very quick and efficient.'*
- *'I would go to them first even before contacting my GP.'*
- *'Easy to get help at point of use. Waits for doctor's appointments are too long for urgent cases.'*

Many participants rely on pharmacies due to difficulty accessing GP appointments, with some expressing frustration at GP services. Pharmacies are often used as a substitute for initial advice, minor ailments, and urgent needs, and in some cases were seen as delivering a better organised service. This highlights the growing role of pharmacies in primary care.

### Inconsistent experiences across pharmacies:

Experiences varied significantly between pharmacies. While many reported excellent service, others described poor customer service, lack of support, or negative interactions, sometimes leading them to switch pharmacies. This inconsistency impacts overall trust, confidence and reliability.

- *'They couldn't be more helpful, friendly, efficient and professional. I'll never go back to [my previous] pharmacy.'*
- *'The woman behind the till looked at me with such contempt… I received none of those [help, support, care].'*

### Privacy and comfort concerns:

A recurring issue was lack of privacy, with respondents uncomfortable discussing health concerns at the counter in earshot of others. This was particularly important for sensitive conditions and could deter people from using services.

- *'It would be too embarrassing to speak about it in the middle of a shop.'*
- *'You have to approach the counter and explain the issue in earshot of other customers.'*

### Issues with prescription services:

Problems with repeat prescriptions were highlighted, including instances of delays, partial dispensing, poor coordination between GP surgeries and pharmacies, and administrative errors. These experiences were stressful and time-consuming for patients and can reduce confidence in services.

- *'Only part prescription being available – having to go back.'*
- *'I spent 6 hours in one day just trying to get my prescription… which left me broken and crying.'*

Capacity and resource pressures:

Many pharmacies were described as busy or overstretched, sometimes linked to closures of other local pharmacies. Issues included long waits, limited seating, and pressure on staff, though staff were still praised despite these challenges.

- *'The remaining one is very good but extremely busy now.'*
- *'Lots of people waiting for prescriptions but only a couple of chairs.'*

Awareness and understanding of services:

Some respondents showed confusion about what services pharmacies provide, including eligibility (e.g. age restrictions) and treatment scope. Others noted that medical terminology or unclear messaging could act as a barrier.

- *'I wouldn't know if I had an uncomplicated urinary tract infection.'*
- *'Some advertised services use medical language rather than plain English.'*

Accessibility barriers:

A few responses highlighted practical barriers, such as limited opening hours, difficulty accessing the premises, or lack of reasonable adjustments for people with additional needs (e.g. visual impairment, mobility issues).

- *'Access to the pharmacy was a right pain.'*
- *'It is not open long hours so out of hours is a similar issue to the GP.'*

**Summary of responses:**

While many participants described experiences of high-quality, accessible, and trusted care, some experiences are inconsistent. Key barriers such as lack of privacy, prescription issues, and awareness gaps continue to affect how people experience community pharmacies and their confidence in using these services.

The case studies below show that while community pharmacies are a vital and valued part of the healthcare system, improvements in communication, privacy, consistency, and system integration would enhance patient experiences.

**Case study 4:**

*'It has become practically impossible to get an appointment with a GP in Epping so I feel very vulnerable as I get older. I live alone, never get visitors, rarely see*

*anyone and dread to think what would happen if I fell or had a serious illness. I buy over the counter products to deal with colds/flu etc., but I never know whether I qualify for flu jabs or how to go about getting one. I get my monthly supply of blood pressure pills from the local pharmacy which I order via the NHS app (which is quite poor by the way). I would much rather there be an NHS drop in centre in the High Street.'*

**Case study 5:**

*'In my job I am regularly collecting medication and sometimes if a person I support has a medical issue or for example missed a medication, I will visit the pharmacy first for advice as I know I will be seen quickly and they will offer good advice and information. For myself, I recently contacted my doctor's surgery online to discuss a health query. I was directed to the pharmacy via a phone call for advice, but as it was a skin condition the advice was limited - to try a certain cream for a period of time and if no improvement see the GP. I had to go back to the GP so I think in this case I should have just seen the GP..'*

**Case study 6:**

*'My issue wasn't with any of the services listed, it was with the repeat prescription service. Shockingly awful at my local pharmacy. I could hardly face going in there as felt reduced to tears. I now go to my local Boots pharmacy and they couldn't be more helpful, friendly, efficient and professional. I'll never go back to [the previous] pharmacy. I am registered partially sighted which means that they could have, perhaps, offered me extra support'*

**Case study 7:**

*'Last year [December 2025] I went down with the flu. Symptoms started on Christmas eve, with my chest going tight and difficulty breathing and went rapidly downhill after that. I couldn't get to Boots, so my son took me to [another] pharmacy where I nearly collapsed outside the shop. No one came to help, I managed to get inside, struggling to breath, holding onto the shelves so I didn't fall… no one helped. I couldn't string a full sentence together, so I tried to write down that I'm asthmatic with the flu and needed something for my chest.*

*The woman behind the till looked at me with such contempt, offering no support or understanding at all. I was told to ring 111 to try and get an urgent appointment before they would do anything. I could barely breath, let alone talk on the phone. So, I was left at the front of the shop, surrounded by the public, giving out my personal details over the phone to 111, hoping in vain to try and get some help.'*

### 10. How could awareness of these services be improved?

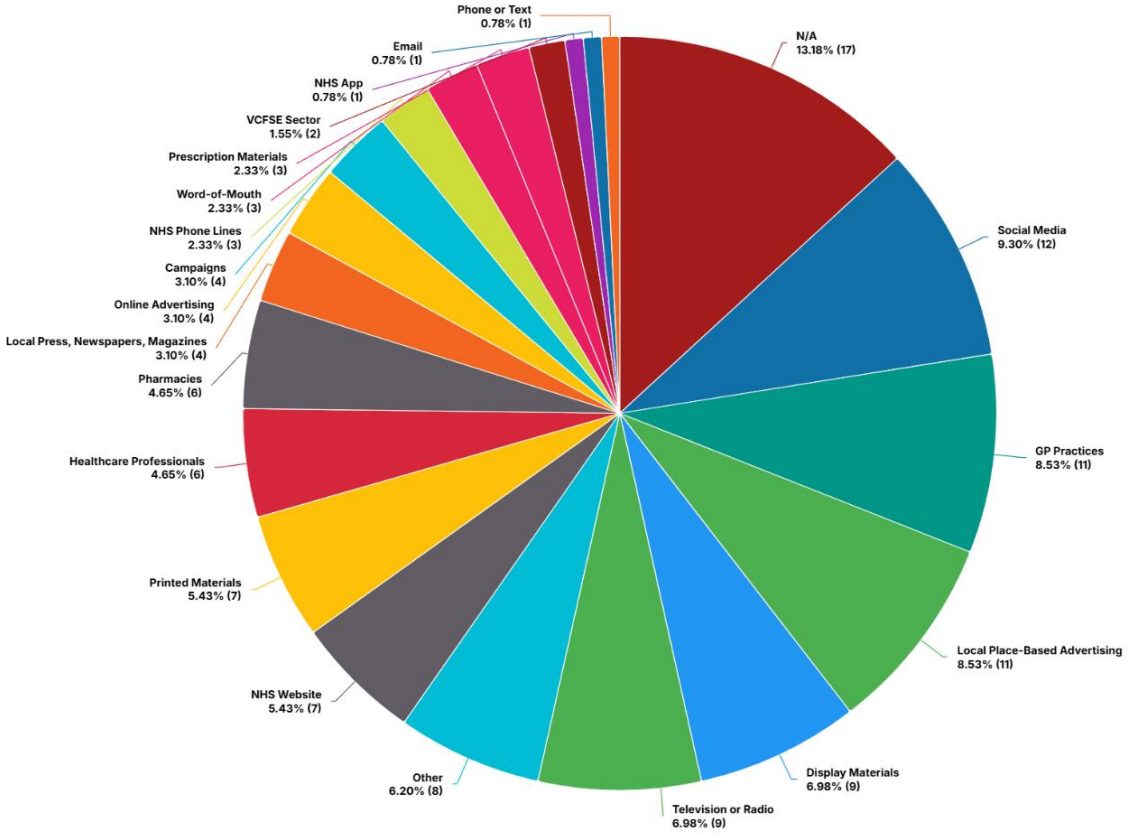
| Answer Choices | | Response Total |
|---|---|---|
| 1 | Open-Ended Question | 71 |

**Survey Results:**

71 participants responded to the question.
39 participants skipped the question based on relevance.

- 17 participants (23.94%) said 'none' or a non-applicable response.
- 12 participants (16.9%) mentioned social media advertising or promotion.
- 11 participants (15.49%) mentioned promotion from and within GP practices.
- 11 participants (15.49%) mentioned local place-based advertising.
- 9 participants (12.68%) mentioned display materials like signs and posters.
- 9 participants (12.68%) mentioned television or radio advertisements.
- 7 participants (9.86%) mentioned promotion on the NHS website.
- 7 participants (9.86%) mentioned printed materials such as leaflets.
- 6 participants (8.45%) mentioned promotion from health professionals.
- 6 participants (8.45%) mentioned promotion from and within pharmacies.
- 4 participants (5.63%) mentioned newspaper and magazine promotion.
- 4 participants (5.63%) mentioned online promotion or advertising.
- 4 participants (5.63%) mentioned using local or national campaigns.
- 3 participants (4.23%) mentioned promotion through NHS phone lines.
- 3 participants (4.23%) mentioned promotion through word-of-mouth.
- 3 participants (4.23%) mentioned handing out leaflets with prescriptions.
- 3 participants (4.23%) mentioned using the NHS App, email or texts.
- 2 participants (2.82%) mentioned promotion through the VCFSE sector.

The chart below illustrates these survey results, highlighting the popularity of different forms of communication and the different types of preferences shared.




The most popular communication method was through the healthcare system, highlighting the importance of trusted healthcare settings and professionals in sharing information to patients and the wider public. This was followed by an interest in online channels, including social media and NHS digital platforms.

- 29 mentions of the healthcare system and healthcare workers.
- 26 mentions of digital and online platforms.
- 16 mentions of local and community-based engagement.
- 16 mentions of printed materials such as leaflets and posters.
- 13 mentions of traditional media and broadcast communication.
- 4 mentions of campaigns and coordinated promotion.

**Other themes from responses:**

Greater public awareness and education:

Some respondents were interested in more promotion and education about pharmacy services and their role in the healthcare system. Confidence in using

pharmacy services was also found to be affected by uncertainty around staff expertise, increasing transparency about pharmacist roles and credentials could therefore help build trust and encourage use.

- *'More public information films on all TV channels […] to raise awareness.'*
- *'Educate why NHS services need best direction rather than the first call being a GP or A&E.'*
- *'You don't know if you are… speaking to a qualified pharmacist or not.'*

### Role of GP practices and NHS signposting:

Many participants highlighted the importance of stronger signposting from GP surgeries and NHS services. Suggestions included receptionists directing patients to pharmacies, information shared during consultations, and messaging through NHS 111 or GP call systems to build confidence in using pharmacies.

- *'Receptionists at surgeries telling people […] go to pharmacy instead first.'*
- *'Information provided by GP during consultation […] will give confidence.'*

### Targeted and inclusive communication:

There is a need to ensure awareness efforts reach different population groups, particularly those less digitally connected. Suggestions included working with charities, schools, community organisations, and improving digital skills.

- *'Liaison with elderly charities as elderly less connected online.'*
- *'Social media advertising in areas of low uptake.'*
- *'Leaflets to schools […] so the parents are told that way.'*
- *'Improve the IT awareness and fear of the internet of most over 50s.'*

### Visibility and clarity of services in pharmacies:

Respondents noted that pharmacies do not always clearly present themselves as 'healthcare providers'. Suggestions included better signage, clearer in-store information, and even rebranding, to challenge perceptions and highlight the range of services available.

- *'There's no obvious indication that they offer medical services.'*
- *'List [of services] on door of premises.'*
- *'These extended centres need rebadging.'*

### Environmental and practical barriers:

Physical and operational factors can limit engagement and awareness. Issues such as lack of privacy, small premises, long queues, and limited opening hours can discourage usage and reduce uptake, even if awareness improves.

- *'No real privacy and restricted hours.'*

- *'Less queues […] I have to spend at least 20 minutes waiting.'*
- *'Better consultation rooms.'*

System integration and efficiency:

Some feedback pointed to the need for better coordination between GP practices and pharmacies, particularly around prescriptions and communication. Other responses suggested that awareness is also shaped by how people perceive the role of pharmacies. This highlighted the need to reinforce trust and make pharmacy services feel like a seamless part of the healthcare pathway.

- *'It doesn't look or feel like a medical facility.'*
- *'Why not just improve the existing NHS GP service?'*
- *'The doctor's practice still has not forwarded the prescription to the pharmacy.'*

**Case study 8:**

*'My regular pharmacy doubles up as a shop - so it doesn't look or feel like a medical facility. I don't know if the staff are qualified. There's no obvious indication that they offer medical services. Maybe if there was an NHS nurse based there, but why not just improve the existing NHS GP service? I have a small wound on my leg that won't heal, it's not urgent, but it could get infected anytime. Maybe there's an underlying condition, but I can't get a GP appointment to check it out. I feel very vulnerable indeed nowadays.'*

**11. Are there any reasons why you would prefer not to visit a pharmacy to treat any of these conditions?**

| Answer Choices | | Response Total |
|---|---|---|
| 1 | Open-Ended Question | 71 |

**Survey Results:**

71 participants responded to the question.
39 participants skipped the question, based on relevance.
28 participants said 'none' or 'not applicable'.

**Responses:**

### Privacy and confidentiality concerns:

Privacy is the most consistent and significant barrier, particularly for sensitive or personal conditions. Many participants said they would be uncomfortable discussing health issues in open environments, especially when conversations can be overheard.

- *'Have to tell the person […] whilst there's a crowd of other patients.'*
- *'Not private […] over the counter rather than using a consulting room.'*
- *'The treatment/consultation rooms aren't very private/soundproof.'*

This suggests that even where consultation rooms exist, they may not be clearly offered, accessible, or perceived as sufficiently private. This barrier is likely to disproportionately affect those with conditions such as UTIs, sexual health, or mental health concerns, limiting uptake of Pharmacy First services.

### Preference for GP care and trust in doctors:

Many respondents expressed greater trust in GPs, especially for diagnosis, continuity of care and complex needs. However, this highlights the importance of continuity, with GPs often being trusted because they hold full medical histories.

- *'I still believe that the best healthcare option overall is a good GP.'*
- *'I would trust a GP […] much more than a pharmacist.'*
- *'Would prefer to see a doctor.'*

### Concerns about clinical limitations and missed diagnoses:

Closely linked to GP preference, is the concern that pharmacies may not be equipped to handle more serious, unclear, or complex conditions.

- *'More serious complications might be missed.'*
- *'Shingles seems too serious […] to not see a Doctor.'*

Respondents were worried about misdiagnosis, oversimplified treatment, or a lack of holistic assessment (e.g. multiple conditions or chronic illness). This indicates a lack of confidence in the clinical scope of pharmacy care.

### Lack of integration with GP records and systems:

Some respondents were concerned about poor communication and data sharing between pharmacies and GP practices.

- *'There needs to be better communication between pharmacy and GP.'*
- *'This does not always happen through a pharmacy […] GP were unaware.'*

This creates duplication (e.g. repeated advice), undermines continuity of care, and reduces confidence in pharmacies as part of an integrated healthcare system. Patients expect joined-up records and seamless communication.

### Inconsistent services and eligibility confusion:

Variation between pharmacies and unclear eligibility criteria create uncertainty and frustration. This inconsistency makes it difficult for people to know what services are available to them and what to expect.

- *'They don't all offer the same services.'*
- *'Pharmacies can't treat older people for some […] conditions.'*

This can reduce confidence and increase the likelihood of patients defaulting to GP services. It also suggests gaps in communication on Pharmacy First eligibility.

### Accessibility and practical barriers:

Practical challenges can prevent or discourage pharmacy use, even where willingness exists. Physical access, limited opening hours, and long waiting times were highlighted as key barriers.

- *'Access to the pharmacy is such a pain.'*
- *'Not available during night […] no transport.'*
- *'I've never queued for less than 20 minutes"*

Further issues included transport barriers, and competing responsibilities (e.g. work, childcare). These factors can make pharmacies feel no more accessible than GP services in some cases.

### Cost concerns:

Cost is a barrier for some, particularly for those on low incomes or for those unsure about eligibility for free services. There may also be confusion about which services are free or require payment, which can deter people from seeking help.

- *'Private fees too expensive on zero income.'*
- *'Costs too high as private services.'*

### Negative perceptions and trust issues:

A minority of responses reflected broader scepticism or negative experiences that shape attitudes toward pharmacies. These perceptions may stem from inconsistent service quality, retail environments, or past negative interactions.

- *'Pharmacies are there to make money not treat medical issues.'*
- *'My pharmacy is not always friendly.'*

Preference for self-care:

Some respondents preferred to manage conditions themselves where possible. This may reflect confidence in self care, convenience, or a desire to avoid perceived barriers (e.g. privacy, waiting times). It also suggests that pharmacies might not always be seen as adding value beyond 'over the counter' solutions.

- *'Mostly would self treat.'*
- *'I treat them myself at home.'*

Environment and quality of facilities:

The physical environment of pharmacies can also influence perceptions, if they appear cramped, unclean, or overly retail-focused, this can reduce confidence in their role as clinical settings and discourage use for healthcare needs.

- *'Local pharmacy does not have a clean consultation room.'*
- *'Lack of private rooms.'*

Individual needs and inclusivity:

Some participants highlighted how pharmacies are not always accessible or responsive to individual needs. This suggests gaps in inclusive practice, particularly for people with disabilities, communication needs, or mobility challenges. Without adjustments, these groups can be excluded from services.

- *'I am unable to go to [the] pharmacy without support.'*
- *'They are unaware of my communication needs due to being Neurodivergent.'*

## Part 3: Support from Pharmacies

### 12. How confident do you feel about the following? Please tick all that apply.

| Answer Choices | Very confident | Confident | Neutral | Not confident | Not confident at all | Response Total |
|---|---|---|---|---|---|---|
| My local pharmacist knows me and my health history | 27.16%<br>22 | 20.99%<br>17 | 18.52%<br>15 | 13.58%<br>11 | 19.75%<br>16 | 81 |
| I feel comfortable asking questions when visiting my local pharmacy | 43.21%<br>35 | 34.57%<br>28 | 8.64%<br>7 | 8.64%<br>7 | 4.94%<br>4 | 81 |

| | | | | | | |
|---|---|---|---|---|---|---|
| The pharmacy team is friendly and professional | 50.62% 41 | 34.57% 28 | 8.64% 7 | 2.47% 2 | 3.70% 3 | 81 |
| I can go to my pharmacist about a new health concern | 37.04% 30 | 27.16% 22 | 19.75% 16 | 9.88% 8 | 6.17% 5 | 81 |
| The pharmacy is clean and organised | 50.00% 40 | 32.50% 26 | 12.50% 10 | 3.75% 3 | 1.25% 1 | 80 |
| Consultations with the pharmacy are kept private | 45.68% 37 | 19.75% 16 | 20.99% 17 | 6.17% 5 | 7.41% 6 | 81 |
| The service is easy to use | 45.68% 37 | 28.40% 23 | 14.81% 12 | 7.41% 6 | 3.70% 3 | 81 |
| I can speak confidentially with my pharmacy | 47.50% 38 | 22.50% 18 | 13.75% 11 | 10.00% 8 | 6.25% 5 | 80 |
| My health queries are treated sensitively | 48.15% 39 | 27.16% 22 | 17.28% 14 | 4.94% 4 | 2.47% 2 | 81 |
| I feel supported by my pharmacy | 49.38% 40 | 23.46% 19 | 17.28% 14 | 6.17% 5 | 3.70% 3 | 81 |

**Survey Results:**

Response totals varied between 80 - 81 participants per answer choice for this question. Between 29 - 30 participants skipped the question.

Participants rated their confidence depending on how much they agreed with the statements listed below, responses included the following:

'My local pharmacist knows me and my health history':

- Out of 81 total responses, 22 participants (27.16%) were 'very confident' and 17 participants (20.99%) were 'confident' in relation to this statement.

'I feel comfortable asking questions when visiting my local pharmacy':

- Out of 81 total responses, 35 participants (43.21%) were 'very confident' and 28 participants (34.57%) were 'confident' in relation to this statement.

'The pharmacy team is friendly and professional':

- Out of 81 total responses, 41 participants (50.62%) were 'very confident' and 29 participants (34.57%) were 'confident' in relation to this statement.

'I can go to my pharmacist about a new health concern':

- Out of 81 total responses, 30 participants (37.04%) were 'very confident' and 22 participants (27.16%) were 'confident' in relation to this statement.

'The pharmacy is clean and organised':

- Out of 80 total responses, 40 participants (50.00%) were 'very confident' and 26 participants (32.50%) were 'confident' in relation to this statement.

'Consultations with the pharmacy are kept private':

- Out of 81 total responses, 37 participants (45.68%) were 'very confident' and 17 participants (20.99%) were 'neutral' in relation to this statement.

'The service is easy to use':

- Out of 81 total responses, 37 participants (45.68%) were 'very confident' and 23 participants (28.40%) were 'confident' in relation to this statement.

'I can speak confidentially with my pharmacy':

- Out of 80 total responses, 38 participants (47.50%) were 'very confident' and 18 participants (22.50%) were 'confident' in relation to this statement.

'My health queries are treated sensitively':

- Out of 81 total responses, 39 participants (48.15%) were 'very confident' and 22 participants (27.16%) were 'confident' in relation to this statement.

'I feel supported by my pharmacy':

- Out of 81 total responses, 40 participants (49.38%) were 'very confident' and 19 participants (23.46%) were 'confident' in relation to this statement.

Participants expressed the most confidence with 'the pharmacy team is friendly and professional' and 'the pharmacy is clean and organised'. Statements with lower confidence levels were 'my local pharmacist knows me and my health history' and 'I can go to my pharmacist about a new health concern'.

**13. How confident would you feel discussing the following with your pharmacist?**

| Answer Choices | Very confident | Confident | Neutral | Not confident | Not confident at all | Response Total |
|---|---|---|---|---|---|---|
| Managing a minor illness | 46.84% 37 | 34.18% 27 | 10.13% 8 | 6.33% 5 | 2.53% 2 | 79 |
| Managing a long-term condition | 31.25% 25 | 20.00% 16 | 23.75% 19 | 18.75% 15 | 6.25% 5 | 80 |
| Information or advice on medication | 45.57% 36 | 36.71% 29 | 11.39% 9 | 2.53% 2 | 3.80% 3 | 79 |
| Information and advice on treatments | 36.25% 29 | 38.75% 31 | 15.00% 12 | 6.25% 5 | 3.75% 3 | 80 |
| Information and advice on living a healthy lifestyle | 26.25% 21 | 25.00% 20 | 37.50% 30 | 7.50% 6 | 3.75% 3 | 80 |
| Questions about a family member or friend's health | 27.50% 22 | 28.75% 23 | 28.75% 23 | 7.50% 6 | 7.50% 6 | 80 |

**Survey Results:**

Response totals varied between 79 - 80 participants per answer choice for this question. Between 30 - 31 participants skipped the question.

Managing a minor illness:

- Out of 79 total responses, 37 participants (46.84%) were 'very confident', and 27 participants (34.18%) were 'confident' in relation to this statement.

Managing a long-term condition:

- Out of 80 total responses, 25 participants (31.25%) were 'very confident' and 16 participants (20.00%) were 'confident' in relation to this statement. However, 19 participants (23.75%) responded as 'neutral' to this statement.

Information or advice on medication:

- Out of 79 total responses, 36 participants (45.57%) were 'very confident' and 29 participants (36.71%) were 'confident' in relation to this statement.

Information and advice on treatments:

- Out of 80 total responses, 31 participants (38.75%) were 'confident' and 29 participants (36.25%) were 'very confident' in relation to this statement.

Information and advice on living a healthy lifestyle:

- Out of 80 total responses, 30 participants (37.50%) were 'neutral' in relation to this statement. This was followed by 21 participants (26.25%) who were 'very confident' and 20 participants (25.00%) who were ' 'confident'.

Questions about a family member or friend's health:

- Out of 80 total responses, 23 participants (28.75%) were 'neutral' in relation to this statement. This was followed by 23 participants (28.75%) who were 'confident' and 22 participants (27.50%) who were 'very confident'.

**Summary of responses:**

Participants showed higher levels of confidence in discussing straightforward or medication related topics with pharmacists, indicating trust in pharmacists' clinical knowledge for immediate or practical health needs.

However, confidence decreased for more complex or personal areas, including for long-term conditions, suggesting some uncertainty towards pharmacies being able to manage ongoing or complex health issues.

The lowest confidence levels were seen in discussions around healthy lifestyle advice and questions about others' health, which indicates these areas may be less clearly associated with pharmacy support or may feel less appropriate to discuss in a pharmacy setting.

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

| Answer Choices | | Response Percent | Response Total |
|---|---|---|---|
| 1 | Yes | 39.47% | 30 |
| 2 | Sometimes | 28.95% | 22 |
| 3 | No | 13.16% | 10 |
| 4 | I don't know | 18.42% | 14 |

**Survey results:**

76 participants answered this question.
34 participants skipped this question.

- 30 participants (39.47%) said 'yes'.
- 22 participants (28.95%) said 'sometimes'.
- 14 participants (18.42%) said 'I don't know'.
- 10 participants (13.16%) said 'no'.

**15. Please explain your answer in more detail.**

| Answer Choices | | Response Total |
|---|---|---|
| 1 | Open-Ended Question | 69 |

**Survey results:**

69 participants answered this question.
41 participants skipped this question.
16 participants said 'not applicable' or a similar response.

**Responses:**

Mixed experiences (strong coordination vs poor integration):

Responses highlight a highly variable system, where some patients experience seamless coordination while others encounter fragmentation.

- *'They work extremely well together.'*
- *'They work in a coordinated way, sharing the same IT system.'*
- *'Doesn't feel very connected.'*

This suggests that integration is dependent on local relationships, systems, and individual practices, rather than being consistently embedded across the system. Where collaboration works well, it is often due to established relationships or shared systems, but this is not universal.

Delays and inefficiencies in prescription processes:

Delays in prescriptions is one of the most common issues, affecting both routine and urgent care, and creating anxiety for patients who rely on regular medication.

- *'There is very often long delays in repeat prescriptions.'*
- *'Tablets are not always received at pharmacy on time.'*

This can undermine trust in the system and lead to missed doses of medication, deterioration in health, or unnecessary follow-up contact with services.

### Communication gaps between services:

A lack of clear, timely communication between services is a recurring concern. Patients expect a joined-up system, but instead experience fragmentation.

- *'Information transfer seems slow.'*
- *'I am not sure what gets fed back to the GP.'*
- *'No information flows.'*

Poor communication can lead to duplication, confusion, and inconsistent care, particularly where updates (e.g. medication changes) are not shared effectively.

### Patients acting as the 'middle person':

When systems do not work smoothly, patients often take on the burden of coordination, which can increase stress and strain, especially for those who are unwell, older, or managing long-term conditions.

- *'Walking back and forth between the GP surgery and the chemist.'*
- *'I have had to go from my pharmacy to my doctors and back again.'*

### Pharmacies compensating for GP system issues:

Many of the responses suggest that pharmacies are filling gaps left by GP services, particularly around access and responsiveness.

- *'Pharmacy often has to resolve problems created by the surgery.'*
- *'Our pharmacy are much better than our GP.'*
- *'Pharmacist will see you straight away and try to help.'*

This reflects both strong performance by pharmacies and wider dissatisfaction with GP access and processes. Pharmacies are increasingly seen as a reliable, front-line service, but this can also place additional pressure on these services.

### Examples of good practice:

There are clear examples of effective, integrated working that demonstrate the benefits of shared systems, proactive communication, and clear pathways, and how these can result in a smoother and more reassuring patient experience.

- *'GP was able to book me an appointment at pharmacy.'*
- *'Prescription queries are dealt with efficiently.'*
- *'Almost as soon as the GP prescribes, I get a text from the pharmacy.'*

### Stock and supply issues:

A disconnect between prescribing and medication availability can create additional challenges, leading to delays and inconvenience for patients who may need to visit multiple locations to retrieve prescribed medication.

- *'Doctors are prescribing things that aren't readily available.'*
- *'Having to wait for prescriptions to be ordered in.'*

This indicates a lack of real-time coordination between GP prescribing systems and pharmacy stock, creating anxiety in patients who are waiting for medication.

Perception of GP services:

Many responses reflect frustration with GP services, which shapes perceptions of the wider system. While this dissatisfaction amplifies the perceived value of pharmacies, it also highlights system-wide pressures in primary care.

- *'GP surgery is useless. Slow with numerous mistakes.'*
- *'I can rarely get an appointment with my GP.'*
- *'My GP is hopeless.'*

Limited visibility of collaboration:

Some participants were unsure how well services work together because collaboration is not visible to them. This suggests that even where coordination exists, it is not always transparent or communicated to patients, which can affect confidence and trust in the system.

- *'Apart from dispensing don't know what communication they have.'*
- *'I assume they do […]'*

**Summary of responses:**

These responses show that while good examples of integration exist, patient experience is often shaped by delays, communication gaps, and system fragmentation, particularly around prescriptions. Pharmacies are frequently seen as more accessible and responsive, but the overall system relies too heavily on individual effort, both from pharmacy teams and patients, to function effectively.

### 16. What do you think pharmacies are doing well and how do you think they could improve?

| Answer Choices | | Response Total |
|---|---|---|
| 1 | Open-Ended Question | 67 |

**Survey results:**

67 participants answered this question.
43 participants skipped this question.
7 participants said 'not applicable' or a similar response.

**Responses:**

Accessibility, convenience, and responsiveness:

Pharmacies are consistently valued for being easy to access, flexible, and responsive, especially compared to GP services.

- *'You can walk in and be served or speak to a real person.'*
- *'No appointments needed.'*
- *'Accessible and good opening hours.'*

This ease of access enables quicker support for minor issues and reduces pressure on other services. Pharmacies are seen as a front door to healthcare, particularly for urgent but non-critical needs.

Advice, care, and patient relationships:

Many responses highlighted the professionalism, knowledge, and personalised care provided by pharmacy teams. This reflects strong patient-pharmacist relationships, with pharmacies often seen as more approachable and attentive.

- *'Clear communication, time for me and they listen.'*
- *'They know their customers very well.'*
- *'Friendly [...] do their best to support them.'*

Minor illnesses and preventative services:

Pharmacies are widely recognised for their role in treating minor conditions and delivering services like vaccinations. This supports the view that pharmacies are a key part of relieving pressure on GP services.

- *'Treating a variety of minor illnesses efficiently and effectively.'*
- *'Vaccination programme is well done.'*
- *'Great for cold and flu meds, basic day to day issues.'*

Supporting the wider health system:

There is clear recognition that pharmacies are taking on more responsibility within primary care. However, some participants emphasised the limitation of pharmacies, reflecting a balance between expanding pharmacy roles and maintaining clinical boundaries.

- *'They are picking up the common minor illnesses.'*
- *'They could take on a lot more, if allowed.'*
- *'They are no replacement for GPs.'*

### Workforce pressure and underfunding:

A major concern is that pharmacies are overstretched and under resourced, especially as their role expands. There is a perception that new initiatives (e.g. Pharmacy First) are being introduced without sufficient investment, raising concerns about sustainability and service quality.

- *'Seems to have a huge workload.'*
- *'Chronic underfunding by government.'*
- *'Need more staff pharmacists.'*

### Waiting times and capacity issues:

Despite their accessibility, pharmacies experiencing increased demand can also lead to delays. This suggests that while pharmacies are accessible in principle, capacity constraints can limit service experiences.

- *'Wait time to speak to anyone is so long.'*
- *'There does seem to be long queues.'*
- *'Difficult to have a one to one chat […] too busy now.'*

### Communication and integration with GPs:

Better coordination with GP practices remains a key area for improvement. This aligns with wider findings around system fragmentation, particularly affecting prescription processes and continuity of care.

- *'Better communication with GP surgeries.'*
- *'Reduce wait times for prescriptions.'*

### Awareness and promotion of services:

Many participants felt that pharmacy services are not clearly communicated or well understood. This lack of awareness may limit uptake and prevent service use.

- *'Pharmacies should promote their offerings more.'*
- *'Poster in the shop explaining what they are able to treat.'*
- *'Making the services they provide clearer.'*

### Privacy, environment, and space:

The physical setup of pharmacies can impact patient comfort and confidentiality. Some responses also noted accessibility issues. This highlights the importance of environmental factors in delivering more clinical services.

- *'Better set up consultation rooms.'*
- *'Limited space.'*
- *'More privacy when picking up medicines.'*
- *'Some doors very heavy to move […] need to improve access.'*

### Inconsistency in services:

There is frustration around variation in what pharmacies can offer, both locally and nationally. Inconsistency creates confusion and may reduce confidence in using pharmacies as a reliable healthcare option.

- *'They don't treat enough conditions.'*
- *'They should all offer the same services.'*

### Service expansion and innovation:

Many participants suggested there is potential for pharmacies to expand their clinical role further. There is also interest in proactive and preventative services, such as health checks and awareness events.

- *'They could have a paramedic or nurse available.'*
- *'Be put in charge of medicine reviews.'*
- *'Diagnose things like tonsillitis […] provide antibiotics.'*

### Stock management and medicine availability:

Issues with medicine availability were also raised. Improved systems for managing stock across pharmacies could enhance patient experience and reduce delays.

- *'Better stock.'*
- *'Be able to see availabilities of medicines.'*

### Positive experiences with individual pharmacies:

A number of responses reported consistently excellent service, often linked to specific pharmacies. However, these positive experiences are often location-specific, reinforcing the theme of inconsistency.

- *'My pharmacy is doing well across the board.'*
- *'Responsive to my needs […] always available on the phone.'*
- *'They are already excellent.'*

### Inclusivity and accessibility:

Some responses highlight the need for more inclusive and accessible services. This includes physical access, communication needs, and broader patient experience considerations.

- *'Better disability awareness.'*
- *'Try understanding people better.'*

**Summary of responses:**

These findings show that community pharmacies are highly valued for their accessibility, expertise, and role in managing minor conditions, and are increasingly seen as a vital part of the healthcare system.

However, their ability to deliver is being challenged by growing demand, limited capacity, underfunding, and inconsistent service provision. Key areas for improvement include investment, workforce capacity, clearer communication, better integration with GP services, and improving spaces for confidential care.

Overall, there is strong public support for expanding the role of pharmacies, but with a clear expectation that this must be matched by appropriate resources and system wide coordination.

# 5.0 Case Studies

Many people offered to talk to us directly to tell us about their stories in depth. We would like to thank everyone who took the time to share their experiences to help us to produce this report. From those we have spoken to, we would like to highlight the following case studies to reflect the lived experiences of resident in west Essex.

*All names used are pseudonyms to protect the privacy of our participants.

## 'Analise'

Analise visits her local village pharmacy, based near Harlow, on a monthly basis. She usually uses the pharmacy to collect prescription medication or to get advice or information for herself and her son. She has previously used some of the Pharmacy First services for blood pressure checks and to treat an uncomplicated urinary tract infection, which she learnt about through her pharmacy.

Analise shared the following experience of using her local community pharmacy:

*'My local pharmacy is excellent. Friendly, feels relaxed, always really helpful - I am much more likely to ask for help around a health issue earlier if I can just pop into the pharmacy - for example - I might go in to buy something over the counter to treat my sons ear condition and the pharmacist will automatically ask me some questions before making a recommendation and in so doing will tell me what to expect and what I need to do next if no improvement within a certain timescale or if a deterioration.*

*So, I feel more supported and better informed around something I might not have wanted to make a GP appointment for - just means that his ear conditions is being dealt with earlier and there has been professional advice earlier because had I bought the medication off a supermarket shelf I wouldn't have got the advice and assurance as early.'*

On whether the awareness of NHS Pharmacy First could be improved, Analise said:

*'Just more publicity. Maybe giving a name to the extended services so my pharmacy would become the Village Pharmacy and local T and TC (local treatment and testing centre) but you need to develop pharmacy premises to enable them to do this.*

*Capital grants or cheap finance for extensions to provide an additional private room to see patients? I think that many people will choose not to go to the pharmacy for all the things I use them for now because they have a fixed view of what a pharmacy is - these extended centres need rebadging.'*

Exploring what would help patients to use a pharmacy more often, Analise said:

*'I would like to see the role of local pharmacies extended. The addition of one extra treatment room at my local pharmacy or extended hours and some reconfiguring of the shop - perhaps a small extension on the back of the shop would mean it would be possible to offer a regular visiting physio service, a regular phlebotomy service and perhaps some further local testing or scanning.*

*Having such services provided during extended hours and at weekends might make it possible for those who are working and likely to put off going to the GP, like men, to just go into the shop and get the things they need done - easier than making a GP appointment - just going into a shop. Really important for men's health.'*

## 'Brian'

Brian is in his early 60s and lives in Harlow, he uses a community pharmacy on a monthly basis to collect prescriptions. Brian had a traumatic experience using his local pharmacy after he was suffering from the flu, which was worsened by his asthma. He refuses to use the same pharmacy due to the poor service he received. He no longer trusts their expertise and is concerned about privacy.

*'I have used [another] chemist in the main shopping centre to treat a dose of Shingles in 2023 and was treated promptly and very professionally. I will use them more in future.*

*But last year (December 2025) I went down with the flu. Symptoms started on Christmas eve, with my chest going tight and difficulty breathing and went rapidly downhill after that. I couldn't get to Boots, so my son took me to [a different] pharmacy, where I nearly collapsed outside the shop.*

*No one came to help, I managed to get inside, struggling to breath, holding onto the shelves so I didn't fall… no one helped. I couldn't string a full sentence together, so I tried to write down that I'm asthmatic with the flu and needed something for my chest.*

*The woman behind the till looked at me with such contempt, offering no support or understanding at all at all. I was told to ring 111 to try and get an urgent appointment before they would do anything. I could barely breath let alone talk on the phone.*

*So, I was left at the front of the shop, surrounded by the public, giving out my personal details over the phone to 111, hoping in vain to try and get some help. I understand that all chemists that offer NHS services are meant to offer help, support, care and some form of GDPR protection… well I received none of those.'*

Discussing how Brian's local pharmacy could be improved, he mentioned the need for more privacy and wider availability of support, advice and information. He also emphasised the need for greater compassion and understanding:

'Being treated with respect and basic compassion would be a starting point. Not looked down upon as If I was a nuisance – I just wanted some help, that's all.'

Although Brian is aware of the services offered by NHS Pharmacy First and would be willing to use them, due to previous experiences, he has lost confidence in using his local pharmacy.

## 'Carla'

Carla is a retired pharmacist in her late 50s and lives near Waltham Abbey, in Epping Forest. She is a parent carer and is deaf-blind, with complex needs. Her account reflects both personal use of pharmacy services and extensive professional experience, offering insight into accessibility, system pressures, and the role of community pharmacies.

Carla began by describing her personal circumstances living with complex needs and how this can shape her interactions with pharmacy services:

*'So, I'm a parent carer. I have complex needs. I'm deaf, blind, so I like medicines with large print labels. I had to ask for this and it was done pretty quickly. But medicine containers can be quite small. […] I use a variety of eye drops and eye ointments […] you need to be able to identify your medicine, understand how to use it, read the information leaflet for any possible side effects or things that you should know about.'*

Despite these challenges, she spoke positively about her experiences using local pharmacies and the benefits they offer:

*'I like to walk into pharmacies and interact with the staff. […] The pharmacies that I've used in Essex are outstanding. They really understand disabled people and accessibility […] they're willing to listen. There's private spaces you can ask about your medicines, which is extremely helpful and they communicate well when medicines are not available and what the alternatives might be.*

*Pharmacies are open seven days a week, early morning, evening, lunchtime, bank holidays, all the times of day when it's really difficult to get to other services. A lot of the benefit is you don't need an appointment, and that makes a big difference when you can't get one elsewhere.'*

Drawing on both personal and professional experiences, she described the breadth of support pharmacies provide to patients and their communities:

*'What we want is to empower patients, carers, families to navigate a system so that everyone doesn't end up with preventable issues. We want people to have their medicines, stay well, have their vaccinations, their blood pressure checks… avoid ending up in A&E.'*

She emphasised the importance of continuity of care and access to medicines:

*'You want a steady supply of medicines. […] But if a medicine is not available—because of a shortage or sudden demand—you have to go between different pharmacies to try and find it. That can be incredibly time consuming… sometimes it involves going back to the GP or hospital to ask for an alternative.'*

Carla then highlighted issues with system coordination and communication:

*'Your GP surgery might tell you your prescription will be ready in the pharmacy and then you discover it hasn't actually been sent. It's a real nightmare when the internet's not working or the phone lines aren't working, or if the computer system crashes. What we want is a system that works smoothly, where people can plan ahead, order medicines in advance, and not be told there are delays because of reviews or missing information from somewhere else.'*

She also described wider pressures on pharmacy services:

*'The demand is enormous because some pharmacies have closed, so the population increases and the workload increases. I used to be the only pharmacist on duty with a team, that can be really difficult. We couldn't legally operate a pharmacy unless there was a pharmacist, so if you're on a break or dealing with an emergency, people have to wait. There's a lot more to it than meets the eye - delivery issues, medicines not turning up, bad weather, road traffic accidents […] sometimes we were walking medicines to people's homes.'*

A significant part of her account focused on communication needs and inclusion:

*'I've dealt with lip reading, sign language, people that need pictures, pen and paper, or using a phone. I've helped a lot of people with digital exclusion, and I have an element of that myself because I trained offline.*

*There's no point phoning someone if they're non-verbal, or if they need Braille, or translation. I've worked with people from Ukraine, Gaza, immigration centres […] even people brought in with police escorts who needed medicines safely. It's about understanding safety, communication, and vulnerability.'*

She also highlighted a broader lack of public understanding about pharmacies:

*'There's a little bit of an education thing here, some people don't really understand what pharmacy is or what it does - they think a doctor covers*

*everything. I think it could be so much better if we start earlier, in schools, health education, prevention, vaccinations […] helping people understand what services are available and how to use them.'*

She then described financial and physical barriers that can affect access:

*'There can be quite shocking bills […] prescriptions are charged per item, not per prescription, so costs can add up quickly. People sometimes ask which medicine is the most essential, but often they need all of them, and without them their health could be at risk.'*

She also highlighted environmental and design issues:

*'If you're in a wheelchair, or using crutches, or have a child with you, getting in and out can be a challenge. Doors can be heavy, there's not always seating, parking, or transport. Privacy can also be difficult - if you're queueing at the counter, everyone can hear you. There are consultation rooms, but you often have to explain your problem in public first.'*

Reflecting on her career and experiences, she emphasised the complexity and value of pharmacy work:

*'Every day is different […] you deal with everything from minor illness to mental health crises, safeguarding, addictions, public health, it's a huge variety. It's a big responsibility - you've got your training, your staff, your community, but it's also really satisfying to know that you've helped somebody.'*

She concluded by highlighting the need for greater recognition and development of pharmacy services:

*'I think pharmacies are a little bit overlooked, their profile could be so much better. There's a lot that could be done - more awareness, better integration, more funding. It's good for your community, and it makes a huge difference to people's lives.'*

## 'David'

David is 60 years old and lives in Saffron Walden, in Uttlesford. Having grown up in South Africa and lived in the UK for over 40 years, he brings a comparative perspective to his use of pharmacy services. He visits his local pharmacy roughly every two weeks and values its convenience, but feels that pharmacies in the UK are underused and overly restricted compared to other countries.

*'They're pretty helpful. There's always something to pick up and that I need, so I do like them. It's a good service to have, and if anything, they should expand*

*more. It's an underutilised thing and they don't cover nearly enough. There's always that fear they might close down, and that would be a real shame because they are important - but they could be doing so much more.'*

Drawing on his experience of healthcare systems abroad, David highlights what he sees as a stark contrast in how pharmacies operate.

*'The way pharmacies work in South Africa is completely different - so much better. They'll do almost anything. For your day-to-day issues, you don't need to go to a GP at all. Even if you're a bit sick, you just go straight to the pharmacy. Here, I wish they'd get their act together, but I don't hold out much hope. It just feels like the system is holding them back.'*

David has a preference for one local pharmacy, where he feels the service is proactive, accessible, and patient-centred.

*'My favourite pharmacy delivers my prescriptions - I've got asthma medication, so that's amazing. They do vaccinations as well, they're really proactive. If you go in, they'll take you into a private room, have a proper chat, and actually try to help. When I went for a flu jab, they even suggested a COVID vaccine at the same time, which I hadn't even thought about. That kind of thing makes a big difference. I feel completely comfortable talking to them, it's like speaking to a GP in terms of knowledge.'*

However, this experience is not consistent across all pharmacies, David explains:

*'I'll pick which one to go to depending on how busy it looks or if there's a queue. And if I actually want to speak to a pharmacist, I'll go to a particular one because some just aren't very accessible. In places like Boots, the pharmacist is always busy - you're waiting ages, and that's a barrier in itself.'*

A key frustration for David is what he sees as unnecessary limitations on what pharmacists are allowed to do, particularly for minor, routine conditions.

*'I get earaches every now and then, it's such a simple thing. I'll go in and ask for help and they'll say, 'oh no, you're over 17.' So now I've got to go and block a GP appointment for something I know exactly what it is and how to treat. I'm not even properly sick. It just feels like a complete waste of time and resources, and someone else probably needs that appointment more than I do.'*

This has led David to find alternative ways of managing his health, including sourcing medication abroad.

*'When I go to South Africa, I just buy the medication I need - ear drops, antibiotic creams, cortisone creams - and keep them at home. Then I don't have to bother going to the GP or pharmacy here. That's the frustrating part, it's stuff that a*

*pharmacist clearly understands, but they just can't give it to you. So you end up working around the system instead.'*

He explains the issue is not a lack of trust in pharmacists, but a lack of authority.

*'They should be able to prescribe basic antibiotics. I mean, the pharmacist will literally tell you what the GP is going to prescribe, but they can't actually give it to you. So you end up going to the GP anyway. It's bureaucracy, that's all it is. They're qualified, it's not about that, they're just not empowered.'*

As a result, David often avoids engaging with GP services altogether, instead managing issues independently.

*'I'll always try the pharmacy first. But if they can't help, I'll just figure it out myself. I might look things up, talk it through with them, and then go and buy what I need online instead of going to a GP. I do that quite a lot. It's just easier than trying to get an appointment.'*

While he is aware of initiatives like NHS Pharmacy First, David feels they have not gone far enough to address the core issue.

*'When they first announced it, I thought - finally, this is brilliant. But it's very limited. It hasn't really changed anything. People still end up being told to go to the GP. If they expanded what pharmacies could actually do, then it would make a huge difference.'*

Despite these frustrations, David expresses strong confidence in pharmacists and sees them as central to the future of primary care.

*'I'd be delighted to use more services at a pharmacy. It's quick, you walk in, get it sorted, and leave. You don't have to sit there at six in the morning trying to get a GP appointment. I'd be 100% confident in their care, they know what they're doing. They should be the first point of contact for most things. It would take a huge burden off the NHS.'*

However, he stresses that awareness campaigns alone are not enough without meaningful service expansion.

*'You could tell everyone to go to pharmacies, but if they go and get turned away, it's pointless. You have to actually give pharmacies the ability to deal with more things first. Otherwise people will just be disappointed.'*

David also points to practical barriers, particularly staffing pressures and limited access to pharmacists in some settings.

*'In some pharmacies, the pharmacist is just too busy to be accessible, and that's a real issue. If you can't actually speak to them, then the whole system falls down a bit. So I think manpower is definitely part of the problem.'*

In contrast, where pharmacies are well-staffed and proactive, David describes a highly positive and trusted service.

*'The good ones are brilliant. People go there all the time for advice, it's always busy. You can have a proper conversation, they'll guide you, explain what's going on. It works really well - it's just frustrating that they can't take that final step and actually treat you fully.'*

Reflecting on the wider healthcare system, David sees pharmacies as an essential but underdeveloped resource.

*'They already work with GP surgeries, my prescriptions go straight through electronically, but I think they could be more integrated. I'd like them to be able to see more of your medical history, for example. It would just make everything smoother and more efficient.'*

While access to pharmacies is generally easy for David, he notes that the physical environment can sometimes detract from the experience.

*'Accessibility is fine - parking, opening hours, all of that. But inside, they're not always great. They can feel a bit grubby, not very inviting. Compared to pharmacies abroad, they just don't feel as modern or as well presented.'*

## 'Ezra'

Ezra is in his late 50s and lives in Harlow. He works for a charity which runs local community support groups, where he regularly engages with older residents. He also has personal experiences of managing long-term health conditions and repeat prescriptions. He began by describing his own health needs and ongoing relationship with pharmacy services:

*'I have an eye condition which means I need eye drops every four weeks, so that's a regular ongoing prescription. I also have some stomach medication, which is more erratic because I don't take it every day.*

*For quite a number of years, I've had a regular prescription with the pharmacy, and my feelings about it are mixed. When I first started, I actually tried an online pharmacy, but they couldn't source the eye drops. My local pharmacy couldn't either at first, but one near the hospital in Harlow eventually managed to get them for me, which I was really pleased about.*

*But over time I've had concerns, and what I've noticed for myself is very similar to what I saw with my in-laws when they were on regular medication. They used a different pharmacy, but the same kinds of issues came up, so it feels like more of a system problem than just one pharmacy.'*

A key issue Ezra highlighted was how repeat prescriptions are managed, sometimes leading to medication be ordered when it was not needed:

*'I prefer to order my medication myself because I know when I need it, and I give myself plenty of time. But what I've found is that the pharmacy seems to assume you want them to reorder it automatically. Unless I actively say every time, 'don't reorder this,' they'll just keep doing it. The difficulty is they often reorder it too early. So if I need something every four weeks, it might be reordered every three. Over time, that means you build up more medication than you actually need.*

*I've also had occasions where I've ordered one medication and received both, or even been given double the amount I needed. It doesn't affect me in terms of having enough, but from an NHS cost perspective, it really concerns me.*

*When I've looked at my in-laws' situation, and others I've spoken to, you see cupboards full of medication that people don't need. Not old medication, current medication that's just over-supplied. If that's happening across the country, that could mean millions being wasted.'*

Despite these concerns, Ezra described positive experiences with accessibility and some services provided by pharmacies:

*'The pharmacy I use is close to where I work, so it's easy to get to. It's a newer building, so accessibility is good, ground floor, easy to get in. There's often a queue, but that's to be expected. I've had a flu jab there, and they handled that well. They also do blood pressure checks when the doctor asks them to, which saves going to the GP. Those kinds of services are really positive.*

*The more things that can be done outside of the doctor's surgery, the better. If you can just walk in and get something done rather than booking appointments and waiting, that's a big advantage.'*

Ezra then reflected on how pharmacies could play a bigger role in reducing pressure on GP services, particularly for minor conditions:

*'When you compare the bureaucracy of getting a GP appointment to just walking into a pharmacy and getting an answer straight away, it seems obvious. For common complaints, why wait a week or two for a doctor when you could be seen the same day?*

*But there's a lag in trust. People have grown up thinking the doctor is the person who looks after your health. Even now, people are still adjusting to seeing nurses or physios instead of GPs. Pharmacy is another step beyond that. I think trust will come through experience over time, but in the meantime, you can highlight the benefits - speed, ease, accessibility. That might help increase uptake.'*

Drawing on their experience running community groups, they spoke about how awareness of pharmacy services could be improved:

*'One simple thing would be giving people information while they're in the pharmacy. If you're collecting medication, you could be given a leaflet explaining what else they can do. The problem with general leaflets is people are overwhelmed, we see that in our groups all the time. But if it's given to you in that moment, when you're already there, it's more relevant and more likely to be read.*

*Also, the messaging needs to focus on how it benefits the patient - quicker, easier, more convenient - not on helping the NHS.'*

Ezra also highlighted a structural barrier, with many people, particularly older adults, not physically visiting pharmacies anymore:

*'A lot of the older people I work with have their medication delivered. That means they might not have been into a pharmacy for years. If you're trying to promote services like Pharmacy First, that's a barrier, because they're not engaging with the space at all. Even if it's their local pharmacy delivering, the result is the same, they're not going in.'*

However, he suggested that stronger links between pharmacies and community services could help bridge this gap:

*'I wonder whether roles like social prescribers could be based in pharmacies, or at least visit them. At the moment, they're tied into GP surgeries, so you still have to go through that system to access them. If they were visible in pharmacies, or if pharmacies hosted more services, it could make access easier. It's about creating more of a community hub.'*

He also reflected on privacy and trust within the pharmacy environment:

*'The pharmacy I use does have private rooms, and they will take people in there if needed. But there can still be a perception that it's less private than a GP surgery, especially at the counter.*

*I think there's also a question for some people about who they're speaking to, are they qualified? Pharmacies have a range of staff, and unless it's clear, people might not feel confident. That's not necessarily a problem in practice, but it affects perception and trust.'*

Looking at the wider role of pharmacies in the NHS, Ezra emphasised their potential in triage, education, and system efficiency:

*'I see pharmacies as having a key role in triaging less serious conditions. They're not dealing with emergencies, but they can take a lot of pressure off GPs and A&E. There are lots of people going to A&E who shouldn't be there, and if*

*pharmacies can help reduce that, it benefits everyone. They also have an educational role, explaining, for example, that antibiotics won't treat a virus and offering alternatives for symptom relief. That kind of guidance is really important.'*

Drawing on their community work, Ezra emphasised the importance of direct engagement in building trust and awareness:

*'I think getting pharmacists out into the community would make a big difference, coming to local groups, giving talks, answering questions. That's far more effective than leaflets or adverts. It gives people a chance to ask questions and builds trust in a way that information alone can't. The same applies to being present in places like children's centres or community hubs. It's about being visible and accessible beyond the pharmacy itself.*

*Ultimately, it's about changing mindsets. People still think the doctor does everything and the pharmacist just dispenses medication. That shift is happening, but slowly. If pharmacies are going to take on a bigger role, we need to speed up that change - and community engagement is probably the best way to do that.'*

# 6.0 Key Findings

## Survey Findings

A total of 110 participants responded to the survey on 'Experiences of Community Pharmacies in west Essex'. Overall, findings indicate community pharmacies are widely used, accessible, and positively perceived. However, there are also opportunities to improve awareness, accessibility, and scope of services offered.

### Part 1: Accessing Pharmacies

#### Pharmacy Use and Core Functions:

All participants reported using a community pharmacy, emphasising how pharmacies are a universal, embedded part of local healthcare access.

- Out of 110 participants, nearly three-quarters (72.73%, 80 participants) reported using a pharmacy monthly, and 14.55% (16 participants) weekly.

Pharmacies are predominantly used for dispensing medications, but also play a broader role in healthcare delivery.

- The vast majority (92.66%, 101 participants) use their local pharmacies to collect prescription medication. Over half of participants use pharmacies to purchase over-the-counter medication (55.05%, 60 participants) and access vaccinations (50.46%, 55 participants).
- Nearly half (47.71%, 52 participants) use them for advice or information.
- Fewer participants (19.27%, 21 participants) reported using pharmacies for more clinical or advisory services, including private consultations.

#### Accessibility and Convenience:

Participants reported strong satisfaction with the accessibility of pharmacies.

- 91.82% (101 participants) were in agreement that their local pharmacy is 'physically accessible' to them, 80% (88 participants) were in agreement that their local pharmacy is 'close to home', and 75.45% (83 participants) were in agreement that 'there is parking or public transport availability'.
- 83.64% (92 participants) were in agreement that their local pharmacy has 'convenient opening hours' and 79.09% (87 participants) were in agreement 'there are short wait times for prescriptions or consultations'.

Pharmacies are widely viewed as convenient, walk-in services that provide timely care. However, some participants highlighted challenges relating to physical accessibility, communication needs, and inclusivity.

### Barriers and Perceptions:

Out of 108 responses, 62.04% (67 participants) reported no barriers to using their pharmacy. For those who did identify barriers, several key themes emerged:

- Preference for other services (11.11%, 12 participants)
- Uncertainty about pharmacy capabilities (8.33%, 9 participants)
- Lack of trust in expertise (7.41%, 8 participants)
- Concerns about privacy (7.41%, 8 participants)
- Limited awareness of available services (6.48%, 7 participants)

Uncertainty around service costs was also identified as a barrier for some users, highlighting the need for more awareness around financial support pathways and eligibility requirements for NHS prescriptions and health costs.

### Opportunities to Improve Access:

Participants identified several ways to encourage greater use of pharmacies.

- More information about what pharmacies offer (24.75%, 25 participants)
- Better opening times (23.76%, 24 participants)
- More privacy (20.79%, 21 participants)
- Improved access to advice and support (17.82%, 18 participants)

Additional suggestions included expanding services, improving communication, enhancing customer service, and strengthening integration with GP services.

## Part 2: Awareness of Services

### Awareness of Pharmacy Services:

Mixed levels of awareness of the range of services offered by community pharmacies were found, including awareness of the Pharmacy First scheme.

Higher levels of awareness and confidence were reported for:

- Sore throat (63.33%, 57 out of 90 participants)
- Flu vaccinations (63.64%, 56 out of 88 participants)
- Infected insect bites (60.92%, 53 out of 87 participants)
- Blood pressure checks (60.47%, 52 out of 86 participants)
- Ear ache (56.82%, 50 out of 88 participants)

Lower awareness, but strong willingness to use services, were reported for:

- Sinusitis (30.34%, 27 out of 89 participants)
- Impetigo (37.93%, 33 out of 87 participants)
- Shingles (37.93%, 33 out of 87 participants)
- Urinary tract infections (30.34%, 27 out of 89 participants)
- Urgent medicine supply (29.55%, 26 out of 88 participants)
- Smoking cessation (28.41%, 25 out of 88 participants)

Some hesitation remains for more complex or sensitive services, often linked to concerns about privacy or suitability. For instance, 25.29% (22 out of 87 participants) said they would prefer not to visit a pharmacy for shingles, and 23.60% (21 out of 89 participants) expressed this for contraception services.

### Patient Experience and Quality of Care:

Participants who had used pharmacy services reported high satisfaction:

- 57.89% (44 out of 76 participants) both 'strongly agreed' they were 'confident in the practitioner' and they were 'knowledgeable and helpful.'
- 53.95% (41 out of 76 participants) both 'strongly agreed' the 'practitioner was friendly and caring' and 'advice was clear and easy to understand'.
- 50.00% (38 out of 76 participants) 'strongly agreed' services were 'quick and efficient', 49.33% (37 out of 75 participants) 'strongly agreed' their 'health query was resolved', and 53.33% (40 out of 75 participants) 'strongly agreed' they would 'recommend the service'.

Pharmacies are valued for their speed, convenience, and supportive care, and are often used as a first point of contact for minor or urgent health concerns.

### Consistency and Variation in Experience:

Despite overall positive feedback, experiences vary across pharmacies. While many participants described excellent care, others reported negative interactions. This inconsistency impacts trust and highlights the importance of maintaining high, standardised service quality across all locations.

### Privacy, Environment, and Patient Comfort:

Privacy remains a key concern, particularly for sensitive issues. Patients reported discomfort discussing conditions at counters, and even where consultation rooms exist, they were not always perceived as private or accessible. The retail environment can also reduce confidence in pharmacies as clinical settings, reinforcing the need to improve layout, privacy, and communication.

### Communication and Awareness of Services:

Participants identified several ways to improve communication and awareness:

- Promotion through GP practices and healthcare professionals
- Digital and social media engagement
- Community-based outreach
- Clear in-store signage and materials

There is also a need for clearer, more accessible messaging, including reduced use of clinical language and better use of trusted healthcare channels.

### Integration with GP Services:

Views on how well pharmacies and GP practices work together were mixed, with participants describing both effective coordination and significant fragmentation.

- Out of 76 responses, only 39.47% (30 participants) felt services work well together, followed by 28.95% (22 participants) who reported 'sometimes'.
- Nearly a third (31.58%, 24 participants) were unsure or reported that their local pharmacy and GP do not work well together.

Participants frequently described:

- Delays in prescriptions being processed or transferred
- Poor communication between services
- Lack of shared information and records
- Fragmented patient journeys

Many participants described pharmacies as filling gaps left by GP services, particularly in terms of access and responsiveness. However, many expressed a preference for GP services for diagnosis and more complex conditions.

### Perceptions of the Pharmacy Role

While pharmacies are increasingly recognised as frontline healthcare services, some participants still view them as retail environments rather than clinical providers. This perception affects trust, particularly for more complex conditions, and reinforces the need to better position pharmacies within the NHS pathway.

## Part 3: Support from Pharmacies

### Confidence in Pharmacy Services:

Overall, participants expressed high levels of confidence in pharmacy teams:

- Out of 81 responses, 85.19% (63 participants) had confidence in pharmacy teams being 'friendly and professional', 77.78% (63 participants) were confident asking questions during visits, and 64.20% (52 participants) were confident approaching pharmacists about a 'new health concern'.
- Out of 80 responses, more than 82.50% (66 participants) had confidence in pharmacies being 'clean, organised, and easy to use'.

Confidence was notably lower in relation to continuity of care and personal knowledge. Out of 81 responses, only 48.15% (39 participants) felt confident that their pharmacist knows them and their health history. This indicates that while pharmacies are trusted for episodic and transactional care, they are viewed less as providers of ongoing, relationship based healthcare.

### Confidence in Using Pharmacies:

Confidence using pharmacies varied depending on the topic of discussion.

Higher confidence areas:

- Out of 79 responses, 81.02% (64 participants) reported confidence in discussing managing a minor illnesses with pharmacists.
- Out of 80 responses, 82.28% (65 participants) reported confidence in receiving information and advice about medication from a pharmacist.
- Out of 80 responses, 75.00% (60 participants) reported confidence discussing information and advice on treatments.

Lower confidence areas:

- Out of 80 responses, nearly a quarter (23.75%, 19 participants) reported their confidence discussing managing long-term conditions was 'neutral'.
- Out of 80 responses, more than a third (37.50, 30 participants) reported their confidence discussing healthy lifestyle advice was 'neutral'.
- Out of 80 responses, more than a quarter (28.75%, 23 participants) reported their confidence discussing family member's health was 'neutral'.

This suggests pharmacies are strongly associated with practical, short-term, and medication related support, but are less embedded in holistic or ongoing care.

### System Pressures and Patient Impact

Pharmacies are increasingly acting as frontline services, helping to address gaps in access to GP services. While this highlights their value, it also reflects growing system pressure. Participants reported:

- Increased demand and workload
- Longer waiting times
- Reduced privacy
- Workforce and funding challenges

### Opportunities for Service Expansion:

There is strong public support for expanding the role of pharmacies, including:

- Greater involvement in diagnosis and treatment
- Expanded preventative and monitoring services
- Integration of additional healthcare professionals

However, participants emphasised that expansion must be supported by appropriate funding, workforce capacity, and system integration.

## Case Study Findings

### ‘Analise’

Analise is a regular pharmacy user who provides positive experiences of receiving accessible, proactive support for herself and her family. Her case study demonstrates the value of pharmacies in providing accessible, timely advice and early intervention, and illustrates how this can increase patient’s confidence in seeking help earlier and reduce reliance on GP services. She highlights some of the opportunities to expand and improve services, and strengthen awareness.

### ‘Brian’

Brian describes a poor experience during an urgent health episode, marked by a lack of compassion, support, and privacy. This resulted in a loss of trust and avoidance of the pharmacy, despite willingness to use services elsewhere. This case study illustrates how poor patient experiences can significantly undermine trust. It emphasises how negative interactions can lead to long-term disengagement, reinforcing the importance of consistent, patient-centred care.

### ‘Carla’

Carla is a patient with complex needs, and as a former pharmacist, she offers both lived experience and professional insight to the role of pharmacies. Her case highlights strengths in accessibility, inclusivity, and the range of support offered by pharmacies. However, she also identifies ongoing challenges around system coordination, communication, and workforce pressures, emphasising the need for inclusive communication, continuity of care, and system-wide integration.

### ‘David’

David frequently uses his local pharmacy and values the convenience and expertise, however he also views pharmacies as underutilised and restricted. His case study highlights strong confidence in pharmacists’ clinical knowledge, alongside frustration with limitations on service delivery and prescribing authority. Suggesting pharmacies are underutilised within the healthcare system, with potential to take on a greater role, he points towards inconsistency in access and capacity as barriers to effective use.

### ‘Ezra’

Ezra reports mixed experiences, particularly around repeat prescription inefficiencies and medication waste. His case study recognises the benefits of accessible, preventative services, but identifies gaps in awareness and public understanding. He highlights the importance of community engagement, clear communication, and the need for improved system coordination.

# 7.0 Recommendations

Below is a list of recommendations for the NHS, pharmacy services and healthcare professionals which reflect the key findings identified during our engagement period, comprising both our survey responses and case studies. They highlight key priorities for how we can improve experiences of community pharmacies, and create better health outcomes, for residents in west Essex.

### Public Awareness and Communication

Increase public awareness of community pharmacy services:

- Increase public awareness of the variety of pharmacy services which are available to patients, particularly for NHS Pharmacy First services.
- Promote local pharmacy services via GP practices, with signposting through reception staff, clinicians, and reception phone lines.
- Reposition pharmacies as clinical healthcare settings, not just retail environments, to increase trust and confidence in using these services.

Improve communication methods for raising awareness of services:

- Improve in-pharmacy signage and information materials to highlight available services, inform patients during their visit, and include materials about pharmacy services in prescription materials during collections.
- Use less clinical language in communications and messages to explain what conditions pharmacies can treat and what services are available.
- Expand digital and social media communication to reach wider audiences.

### Integration with GP Services and System Coordination

Strengthen joint-working between pharmacies and GP practices:

- Improve communication systems and coordination between GP practices and local pharmacies, particularly for managing prescriptions.
- Explore co-location or closer working models with GP practices.
- Expand shared digital records access where appropriate.
- Reduce prescription delays through better tracking systems.
- Minimise the need for patients to navigate between services.

### Service Consistency and Quality

Improve consistency between pharmacy services and quality of care:

- Work towards greater consistency in services offered across pharmacies.
- Establish clear standards for patient experience and service quality.
- Monitor and address variation in care and negative experiences.
- Strengthen accountability mechanisms to maintain high standards.

### Access, Environment, and Patient Experience

Create more opportunities for privacy in pharmacy settings:

- Improve privacy at pharmacy counters, reducing the need to discuss conditions, or reveal personal information, in public spaces.
- Increase availability and visibility of private consultation rooms.

Improve the accessibility of community pharmacies for patients:

- Improve physical accessibility, including entrances, seating, and layout.
- Extend opening hours, including evenings and weekends where possible.
- Address waiting times through workflow improvements and staff support.
- Ensure inclusive and diverse communication methods are available for those with disabilities, language needs, or who are digitally excluded.

### Workforce, Capacity, and Investment

Strengthen pharmacy workforces and patient relationships:

- Increase funding for community pharmacies to support expanding roles.
- Address workforce shortages, pharmacist recruitment, and support staff.
- Protect time for pharmacist-patient interaction, not just dispensing.
- Provide training for enhanced clinical roles and patient-centred care.
- Support staff development in communication, compassion, and inclusivity.

### Medication Management and Supply

Further develop medication management processes:

- Improve medication supply chains and stock visibility to reduce delays.
- Review and optimise repeat prescription processes to reduce waste.
- Provide clearer guidance on how to order and manage prescriptions.
- Improve awareness of financial support pathways and eligibility requirements for NHS prescriptions and health costs (e.g. NHS Prescription Prepayment Certificates (PPC), free NHS prescription entitlements).

### Expanding the Role of Pharmacies

Consider expanding pharmacy services to relieve other NHS services:

- Expand pharmacy roles in diagnosis and treatment of minor conditions.
- Explore increased prescribing authority where clinically appropriate.
- Develop preventative and monitoring services (e.g. health checks, long-term condition support) and integrate additional professionals (e.g. nurses, paramedics, social prescribers) into pharmacy settings where available.
- Ensure expansions have efficient funding, workforce, and infrastructure.

# 8.0 Conclusion

This report highlights the central role that community pharmacies play within the healthcare system in west Essex. The findings demonstrate that pharmacies are widely used, highly accessible, and valued by residents as a convenient and responsive first point of contact for healthcare, particularly for minor conditions, medication support, and preventative services. High levels of satisfaction, trust in pharmacy staff, and appreciation for walk-in access and timely advice reinforce their importance as a frontline service.

The feedback and experiences shared in this report highlight opportunities to expand community pharmacies, to use them to their full potential. While many individuals value pharmacies for dispensing and basic advice, awareness of the wider range of clinical services remains limited. This contributes to ongoing perceptions of pharmacies as primarily retail or transactional spaces, rather than integral parts of the NHS care pathway. As a result, many residents continue to default to GP services, even where pharmacy support may be appropriate.

A consistent theme across the engagement in this report is the variation in experiences between pharmacies. Positive, patient-centred interactions build trust, encourage earlier help seeking, and reduce pressure on other services. While negative experiences, lacking in compassion, clear communication, or respect for privacy, undermine confidence and can lead to disengagement from pharmacies. Ensuring consistency in service quality is therefore critical.

System-wide challenges also remain. Fragmentation between GP practices and pharmacies, particularly around prescriptions and communication, places an unnecessary burden on patients and impacts overall efficiency. Workforce pressures, increasing demand, and infrastructure limitations further constrain the ability of pharmacies to expand their role. At the same time, concerns around privacy, accessibility, and inclusivity highlight the need to improve the physical environment and ensure services meet the needs of diverse populations.

Despite these challenges, there is strong public support for expanding the role of community pharmacies. Residents express confidence in pharmacists' expertise and a clear willingness to use a broader range of services, provided that awareness, trust, and system integration are improved.

The recommendations outlined in this report provide a clear and actionable framework for improvement, emphasising how community pharmacies can play a more effective and sustainable role within primary care. By acting on these recommendations, community pharmacies have the potential to significantly enhance patient experiences, improve health outcomes, and reduce pressure across the wider NHS system in west Essex and beyond.

# 9.0 Information and Resources

Below is a list of useful information, research and resources which have been gathered and referenced to during the writing of this report.

- **Community Pharmacy England: What pharmacies do (Feb 2022)** Further guides and explainers on the role of community pharmacies https://cpe.org.uk/learn-more-about-community-pharmacy/what-pharmacies-do/
- **NHS Business Services Authority: General Pharmaceutical Services England 2015/16 to 2024/25 (Oct 2025)** Accredited official statistics from the NHSBSA on general pharmaceutical services from 2015/16 to 2024/24. https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gphs_annual_2024_25_v001.html
- **NHS Business Services Authority: Help with NHS prescription costs (Apr 2026)** Guidance on how to get help with NHS prescription costs. https://www.nhsbsa.nhs.uk/help-nhs-prescription-costs
- **UK Parliament, House of Commons Library: Community Pharmacy in England (Mar 2026)** A briefing on community pharmacy services in England, focusing on funding, services, workforce and pharmacy closures. https://commonslibrary.parliament.uk/research-briefings/cbp-9854/
- **NIHR Evidence: Making the most of community pharmacies (Dec 2022)** NIHR research on improving and expanding pharmacy services. https://evidence.nihr.ac.uk/collection/making-the-most-of-community-pharmacies/
- **Essex County Council: Pharmaceutical Needs Assessment (PNA) 2025-2028 (Sep 2025)** An assessment on the current provision of pharmaceutical services in Essex. https://data.essex.gov.uk/dataset/pharmaceutical-needs-assessment-pna-2025-2028-2z7pq
- **Healthwatch Essex: Experiences of Community Pharmacies in West Essex (Feb 2023)** A previous report produced for the HWEICB in February 2023. https://nds.healthwatch.co.uk/sites/default/files/reports_library/20231002_Essex_Experiences%20of%20Community%20Pharmacies%20in%20West%20Essex.pdf
- **Healthwatch England: How can your pharmacy help you? (Oct 2025)** Information and guidance on how pharmacies can provide help. https://www.healthwatch.co.uk/advice-and-information/2025-10-29/how-can-your-pharmacy-help-you

# 10.0 Glossary

## Terminology

**Community Pharmacies** Community pharmacies or 'high-street pharmacies' form part of the four pillars of the primary care system, alongside general practice, dental, and optometry services. Traditional pharmacies are often retail outlets, supported by qualified professionals who can help patients with access to medicines and healthcare advice. They are usually independent businesses contracted by the NHS to provide certain services to the local community.

**Dispensing** This refers to the process of preparing and providing medicine to a patient on the basis of a prescription for a particular health concern or condition.

**General Practice** General practices, also known as GP surgeries, are where general practitioners (GPs) provide primary care services to patients, acting as the first point of contact within the healthcare system. They operate as small, independent businesses and are regulated and funded by the NHS.

**General Practitioner** A general practitioner (GP), is a medical doctor who works in primary care and provides general healthcare services to patients within the NHS.

**Impetigo** Impetigo is a common and highly contagious skin infection that causes sores and blisters. It can affect all ages, but is most common in young children.

**Integrated Care Board** Integrated care boards (ICBs) are NHS organisations that plan and manage health services to meet the health needs within each ICS area.

**Integrated Care Partnership** This is a joint committee formed by NHS organisations and upper-tier local authorities in each ICS. It is a broad alliance of partners who all have a role in improving local health, care and wellbeing.

**Integrated Care System** Integrated care systems (ICSs) are local partnerships of organisations which plan and deliver joined-up health and care services. Each ICS includes an integrated care partnership (ICP), integrated care board (ICB), local authorities, place-based partnerships, and provider collaboratives.

**Integrated Neighbourhood Teams** Bringing together healthcare, social care and voluntary organisations who support communities in different settings, integrated neighbourhood teams focus on providing preventative and holistic care to people in the community and closer to home.

**NHS Prescription Prepayment Certificates** This is a certificate which covers all of your NHS prescriptions for a set price, no matter how many items you may need.

**Pharmacists** Pharmacists are qualified healthcare professionals who can offer clinical advice and over-the-counter medicines for various minor illnesses.

**Pharmacy First** The Pharmacy First scheme is an NHS initiative designed to offer clinical advice and treatment for seven common conditions through your local pharmacy. Conditions covered by the scheme include impetigo, infected insect bites, shingles, sinusitis, sore throat, and uncomplicated urinary tract infections.

**Primary Care** Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental and optometry services.

**Shingles** Shingles is an infection of a nerve and the skin that surrounds it. It is caused by the varicella-zoster virus, which also causes chickenpox.

**Sinusitis** Sinusitis is the inflammation of the sinuses, usually caused by an infection. The sinuses are small, empty spaces behind your cheekbones and forehead, that connect to the inside of the nose.

**Smoking Cessation Services** Smoking cessation services offer a structured programme to help individuals quit smoking through various support methods.

**Local Authorities** Local authorities are responsible for social care and public health services in their ICS area, as well as other services that contribute to health and wellbeing such as housing, education, leisure and transport.

**Urinary Tract Infection** Urinary tract infections (UTIs) affect different parts of your urinary tract and include cystitis (bladder infection), urethritis (infection of your urethra) and kidney infection. UTIs may be treated with antibiotics.

## Acronyms

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| **CPCF** | Community Pharmacy Contractual Framework |
| **ECC** | Essex County Council |
| **GP** | General Practitioner |
| **HWB** | Health and Wellbeing Board |
| **HWE ICB** | Hertfordshire and West Essex NHS Integrated Care Board |
| **ICB** | Integrated Care Board |
| **ICS** | Integrated Care Service |
| **ICP** | Integrated Care Partnership |
| **INTs** | Integrated Neighbourhood Teams |
| **NHS** | National Health Service |
| **NHS BSA** | NHS Business Services Authority |
| **NHSE** | NHS England |
| **NIHR** | National Institute for Health and Care Research |
| **OPD** | Original Pack Dispensing |
| **PNA** | Pharmaceutical Needs Assessment |
| **PPC** | Prescription Prepayment Certificate |
| **UTI** | Urinary Tract Infection |

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