

# **Public perceptions of community pharmacy 2023**

**Findings from a survey with adults in  
England conducted on behalf of  
NHS England**

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# 1. Executive Summary

This summary presents the key finds from a survey conducted by Ipsos on behalf of NHS England about public perceptions of community pharmacies. The survey was undertaken online via Ipsos' UK KnowledgePanel, with a total of 2,082 responses achieved amongst residents across England aged 16+ between 15<sup>th</sup> and 21<sup>st</sup> June 2023. It follows a survey undertaken via the same methodology in 2022, so that changes can be tracked.

## 1.1 Use of community pharmacies

In England, visiting a community pharmacy is still not a frequent occurrence for the majority of the public. Just over one-quarter (29%) say they contact or visit a community pharmacy, either for themselves or someone they care for, at least monthly. In contrast, one in five (20%) say they do not normally contact or visit a community pharmacy. This is in line with 2022.

Pharmacy users in England tend to be habitual in their choice of pharmacy. Nearly three-quarters (71%) say they use the same community pharmacy each time. This is most commonly a small chain or independent pharmacy (42%), followed by large or medium sized chain pharmacies (36%).

## 1.2 Impact of pharmacy closures

Generally, pharmacy users have not experienced a pharmacy they have used in the past 12 months closing. Around four in five (81%) do not think that a pharmacy they have used has closed and only one in ten (12%) say they know of a pharmacy that has. The impact of these closures has not been immediate – only half (54%) of those who used a pharmacy that has now closed have found a new regular pharmacy.

However, the experience at these new pharmacies is worse. People who have had to choose a new regular pharmacy due to a closure report that their new one is more difficult to get to (50%), the opening hours are worse (41%) and that the service they receive is worse (35%). In contrast, a smaller proportion report that these areas are better; it is easier to get to (14%), the opening hours are better (14%) and the service is better (29%).

## 1.3 Services on offer and access to prescriptions

Pharmacies are still known for providing a range of services, most commonly prescription medicines (78%), selling medicines like paracetamol or eye drops to treat a minor illness (75%) and providing advice about medicines (66%). In line with this, of the various health services or information sources presented to participants, the public identify pharmacies as the organisation they would be most likely to go to if they needed information and advice on medicine (73%) or if they needed information or advice about a minor health condition (58%).

Encouragingly, there is an increase in people claiming that they would go to pharmacies for certain services compared to 2022. This includes:

- Getting a COVID vaccine (32% in 2023, compared to 23% in 2022)
- Getting information and advice on medicines (73% in 2023, compared to 68% in 2022)
- Getting information and advice on a minor condition (58% in 2023, compared to 54% in 2022)

In line with this, when asked what services community pharmacies *should* offer (outside of the obvious services, like dispensing prescribed medicines), the key services identified are offering advice about minor health problems (73%), followed by advice about medicines (71%), checking blood pressure (71%) and providing flu vaccinations (69%).

As the role of pharmacies in England becomes more prominent in providing care, it is encouraging to see that the public are increasingly likely to expect pharmacies to offer different services, both ones that are traditionally viewed as pharmacy services and those that may be considered extended services. This includes:

- Checking blood pressure (up from 64% in 2022 to 71% in 2023)
- Advice on weight management (up from 46% in 2022 to 52% in 2023)
- Helping people to stop smoking (up from 54% in 2022 to 59% in 2023)

However, there is still a gap between expecting these services to be offered and actual usage. Pharmacies in England are still most used for collecting prescriptions (76%), to buy over-the-counter medicine like paracetamol (48%) and to buy plasters or other dressings or bandages (25%).

With collecting prescriptions being the most common reason for visiting, it is encouraging that pharmacies are increasingly performing well at notifying pharmacy users when prescriptions are ready. Just over two-thirds (68%) of pharmacy users say that their pharmacy performs well at letting them know when their prescription is ready, which is higher than in 2022 (63%). Pharmacies most commonly use text message to let pharmacy users with a regular prescription know that their prescription is ready (48%). This is followed by phone (13%) and email (seven per cent). However, just over one-third (36%) say they are not told at all.

Although this communication has improved, just over two-thirds of people who have used a pharmacy in the last year have experienced their prescription being out of stock (69%). Only three per cent say this occurred every time they needed prescription medicine, whilst 40% say this happened sometimes and for 26% this hardly ever happened. For just under one-third (30%), their prescription has always been in stock.

## 1.4 Satisfaction with community pharmacies

In line with last year's results, those who have used a pharmacy in the last 12 months to get advice about medicines, a health problem or injury, or what health service they should use, are positive about the advice they received. Nearly all (90%) perceive the quality of advice they received as good, and only four per cent say it was poor.

Similarly, the majority of pharmacy users in England report a positive experience with pharmacies. For example, pharmacy users in England report that they were treated with respect (90%), were able to get what they needed (87%), and were dealt with in a timely manner (78%). Almost nine in ten perceive the pharmacy facilities to have been clean and well maintained (89%). A smaller proportion of people agree that they were given enough time to speak with someone at the pharmacy (77%), and that they were given the information or advice that they needed (80%). Over half agree that their privacy was maintained during their discussion with pharmacy staff (60%), though only one in five say that it was not maintained (20%).

However, when compared to 2022, some of the experiences reported above have got worse. The proportion who state that their privacy was not maintained during their discussion with pharmacy staff increased by five percentage points, from 15% in 2022 to 20% in 2023. Pharmacy users are also less likely to say that they were given enough time to speak with someone at the pharmacy (a drop from 83% to 77%), that they were able to get what they needed (a drop from 91% to 87%), or that they were dealt with in a timely manner (a drop from 82% to 78%).

### 1.5 Level of comfort with new pharmacy services

Overall, the public would feel comfortable with community pharmacies offering the new services that they were asked about, though there is some variation. Some services are slightly less endorsed than others, in particular those typically managed by GPs or relating to more serious conditions or mental health conditions – although even for these, a majority say they would be comfortable.

- Current or former smokers say they would be comfortable being referred by an NHS service to a community pharmacy for regular support to stop smoking (81%)
- Nearly all people in England (89%) say they would feel comfortable being referred to the pharmacy to treat a minor illness such as an earache, having spoken to a GP receptionist
- The majority of people in England (89%) say they would be comfortable with being given antibiotics by the pharmacist without needing to see a GP for a prescription first
- A majority of respondents (77%) say they would feel comfortable with a pharmacist referring them directly into cancer services, without seeing a GP first. Although still a majority, the public is less comfortable with this scenario.
- Nearly all people in England (89%) would feel comfortable with a pharmacist offering to talk them through how to manage a new long-term medicine such as for high blood pressure. However, when this is medicine is positioned as an anti-depressant, the level of comfort drops – around three-quarters (76%) would be comfortable with this
- Four in five (80%) indicate that they would be comfortable with pharmacists changing and managing their medication for high blood pressure and its strength

### 1.6 Conclusions

Overall, pharmacy users continue to be satisfied with community pharmacies in England. From the findings of this research, people in England are largely comfortable with pharmacists taking a more prominent role. However, there are some limitations with what people are comfortable with pharmacists offering. People in England are less comfortable with pharmacists discussing cancer services and managing anti-depressant medication, which traditionally would be handled by a GP.

This does not necessarily mean that the public do not think that pharmacists should provide these services. People in England are increasingly open to using pharmacies for services other than just collecting prescriptions. This is complimented by an increasing expectation of the services that should be offered. As community pharmacies continue to play a bigger role in providing care, this increased expectation, and the already high levels of satisfaction with the service provided, should provide a good base for the expansion of services offered and encourage people in England to use pharmacies over other services – though some reticence could be expected as certain services are rolled out.

## 2. Introduction

### 2.1 Background and objectives

This report presents the findings of a research project undertaken by Ipsos on behalf of NHS England (NHSE) exploring public attitudes towards community pharmacy in England.

The role of community pharmacy has been transforming over recent years, driven largely by the Pharmacy Integration Fund (PhIF). New services have been designed that utilise how embedded community pharmacy is within local communities, and its ability to reach and advise patients from both a healthcare and preventative perspective.

In 2022, NHSE commissioned a survey of the public to serve as the basis for tracking changes in awareness and perceptions of community pharmacy over the coming years, as the role of community pharmacy continues to develop. This report presents the second iteration of this survey and it seeks to explore the following objectives:

- Awareness and use of services that community pharmacies currently provide.
- Understanding how the public interact with pharmacies.
- Impact of pharmacy closures and lack of stock in the last year.
- Confidence in pharmacy staff and satisfaction with pharmacy services.
- Perceptions and views of the services that community pharmacy should offer, including new community pharmacy services being developed by NHSE. Services explored include referrals from NHS services for support to stop smoking, referrals from GP practices to community pharmacies, referrals for suspected cancer, pharmacists providing antibiotics without a prescription, pharmacists explaining new medicines to patients and helping them to manage it, and pharmacists actively managing patients' medicine and dosage.

### 2.2 Methodology

This survey was conducted via the UK KnowledgePanel. The KnowledgePanel is Ipsos' random probability online panel. It has more than 25,000 panellists who are recruited using off-line random probability unclustered address-based sampling, the gold-standard in UK survey research, meaning that every household in the UK has a known chance of being selected to join the panel.

The survey was conducted between **15<sup>th</sup> and 21<sup>st</sup> June 2023**. A total number of **2,082** responses were achieved amongst residents across England aged 16+.

#### Recruitment to the panel

Panellists are recruited via a random probability unclustered address-based sampling method. This means that every household in the UK has a known chance of being selected to join the panel. Letters are sent to selected addresses in the UK (using the Postcode Address File) inviting them to become members of the panel. Invited members are able to sign up to the panel by completing a short online questionnaire or by returning a paper form. Up to two members of the household are able to sign up to the panel. Members of the public who are digitally excluded are able to register to the KnowledgePanel



either by post or by telephone, and are given a tablet, an email address, and basic internet access (see further information below) which allows them to complete surveys online.

## Sampling

The KnowledgePanel is a random probability survey panel. Therefore, the KnowledgePanel does not use a quota approach when conducting surveys. Instead invited samples are stratified when conducting waves to account for any profile skews within the panel. The sample was stratified by education, meaning that panel members were ordered by their highest level of education prior to their random selection. The randomly selected sample then ensures adequate representation by education.

A total of 3,690 respondents were selected and invited to take part in the survey. The selected sample was then reviewed on key demographics to ensure a balanced sample was selected for the survey. A total of 2,082 respondents completed the survey, delivering a response rate of 56%.

## Weighting

In order to ensure the survey results are as representative of the target population as possible, the below weighting spec was applied to the data in line with the target sample profile.

Two members per household are allowed to register on the KnowledgePanel. Therefore, we employed a design weight to correct for unequal probabilities of selection of household members.

Calibration weights have also been applied using the latest population statistics relevant to the surveyed population. Two sets of calibration weights are applied:

- Calibration weighting was applied using the following variables (using ONS 2020 mid-year population estimates as the weighting targets): an interlocked variable of Gender by Age and region.
- Demographic weights were then applied to correct for imbalances in the achieved sample. The data was weighted on (using ONS 2020 mid-year population estimates and the ONS Annual Population Survey as the weighting targets): Education, Ethnicity, Index of Multiple Deprivation (quintiles), and number of adults in the household.

## 2.3 Notes about the report and interpretation of data

This report presents the data from the latest wave of this survey, conducted in 2023. This data is compared with data from the 2022 survey to give an indication of any changes that have occurred since then. Throughout the report, findings will highlight changes that have occurred since the 2022 survey, as well as how different sub-groups respond differently to certain questions. When interpreting the survey findings, it is important to remember that the results are based on a sample of the population, not the entire population. Consequently, results are subject to margins of error.

Differences in results to the same question from the 2022 and 2023 surveys have to be of a certain size in order to be statistically significant. When it states in this report that a finding has increased or decreased compared with a previous wave, this increase or decrease will be statistically significant at the 95% confidence interval. When it states in this report that a finding has not changed since the previous wave, but the two percentages quoted are different, this is because the difference between the two percentages is not large enough to be statistically significant at the 95% confidence level.

This report also comments on differences in the data between different sub-groups within the total sample surveyed. A difference has to be of a certain size in order to be statistically significant and only differences which are statistically significant at the 95% confidence interval are commented on in this report. In addition to being statistically significant, only sub-group differences which are interesting and relevant to the question being analysed are commented on in the report.

For the most part, only sub-groups with 100 or more participants are commented on in this report. It should be noted, however, that the smaller the size of the sub-group, the less we can rely on the survey estimates to be true representatives of the population as a whole. In some cases, sub-groups comprising fewer than 100 participants may be commented on in the report and these should be treated with particular caution – the report flags where this is the case.

Survey participants are permitted to give a 'don't know' answer to most of the questions and these responses are not excluded from the analysis. These responses are referred to in the report where they form a substantial proportion.

Where percentages do not sum to 100, this is due to computer rounding, the exclusion of 'don't know' categories, or participants being able to give multiple answers to the same question. Throughout the report an asterisk (\*) denotes any value of less than half of one per cent but greater than 0%.

# 3. Use of community pharmacies

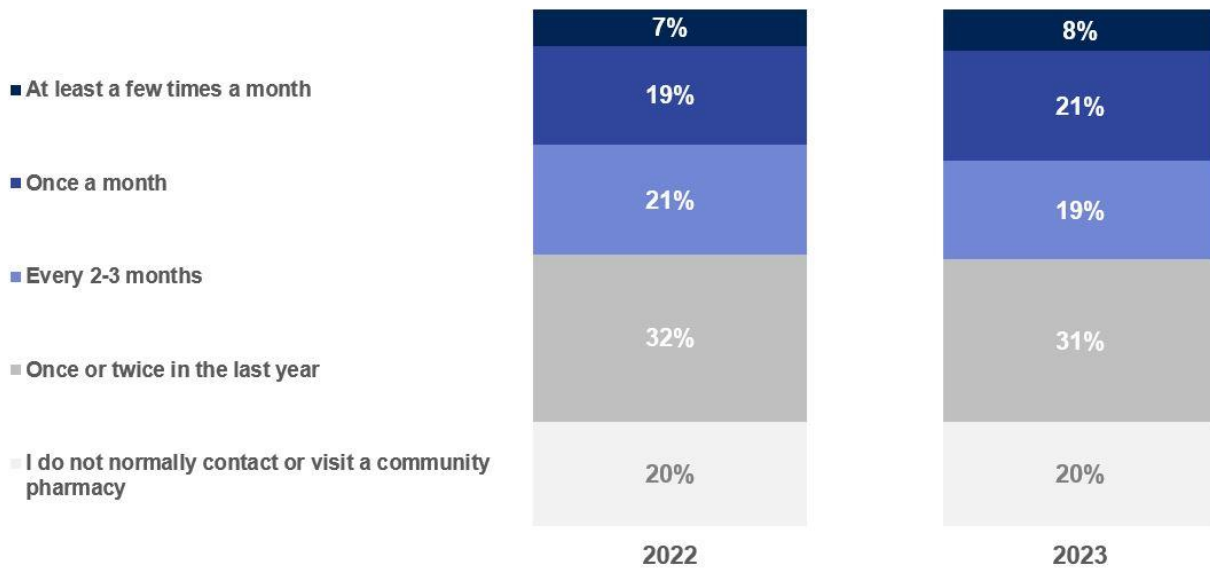
This chapter examines the overall use of community pharmacies, including the type of pharmacies used, the frequency of visits and whether the public tend to use one or multiple pharmacies.

## 3.1 Frequency of pharmacy use

Visiting a community pharmacy is not a common occurrence for the majority of the public. Just over a quarter (29%) say they contact or visit a community pharmacy, either for themselves or someone they care for, at least monthly, while one in five (20%) say they do not normally contact or visit a community pharmacy. This is in line with levels of pharmacy usage seen in 2022.

**Figure 3.1: Q3. Approximately how often, if at all, have you contacted or visited a community pharmacy in the last year, either for yourself or someone you care for (including any children you have)**

▲▼ Significantly higher / lower than 2022



Base: All respondents living in England (2022 n=2067; 2023 n=2082). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

Groups that are more likely to contact or visit a community pharmacy at least once a month include:

- Older people (37% of those aged over 65, compared to 29% overall)
- Linked to age, those not working full-time (35% of those not working full-time, compared to 29% overall)
- Those with no formal qualifications (51% of those with no formal qualifications, compared to 29% overall)
- Current or former smokers (34% of those who are current or former smokers, compared to 29% overall)
- Carers (51% of carers, compared to 27% of non-carers)

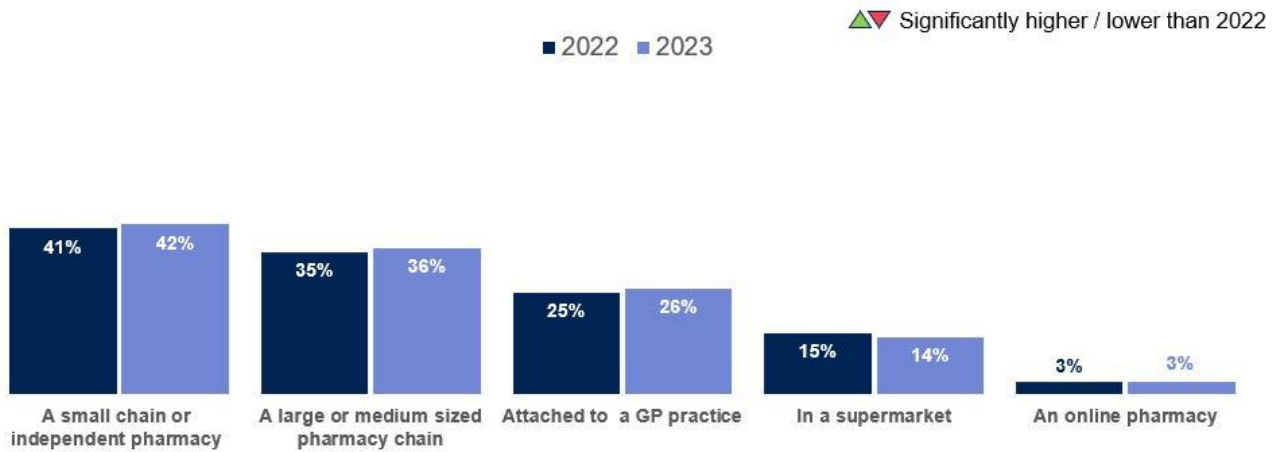
- Those with a disability (47% of those with a disability, compared to 24% of those without a disability)

In contrast, men (23%), those who are working full-time (22%), those from the north of England (23%) and those who have never smoked are more likely to say that they do not normally contact or visit a community pharmacy compared to overall (20%).

### 3.2 Type of pharmacy

Pharmacy users continue to use the same types of pharmacies as in 2022. Small chain or independent pharmacies are the most common type of pharmacies used (42%), followed by large or medium sized chain pharmacies (36%). Around one-quarter of the public utilise the pharmacy attached their GP (26%) and only 14% go to the pharmacy in a supermarket. Online pharmacies continue to be the smallest player, with just three per cent using them regularly.

**Figure 3.2: Q7. Thinking about the community pharmacy you contact or visit most regularly either for yourself or someone you care for (including any children you have), which of the following, if any, best describes the community pharmacy?**



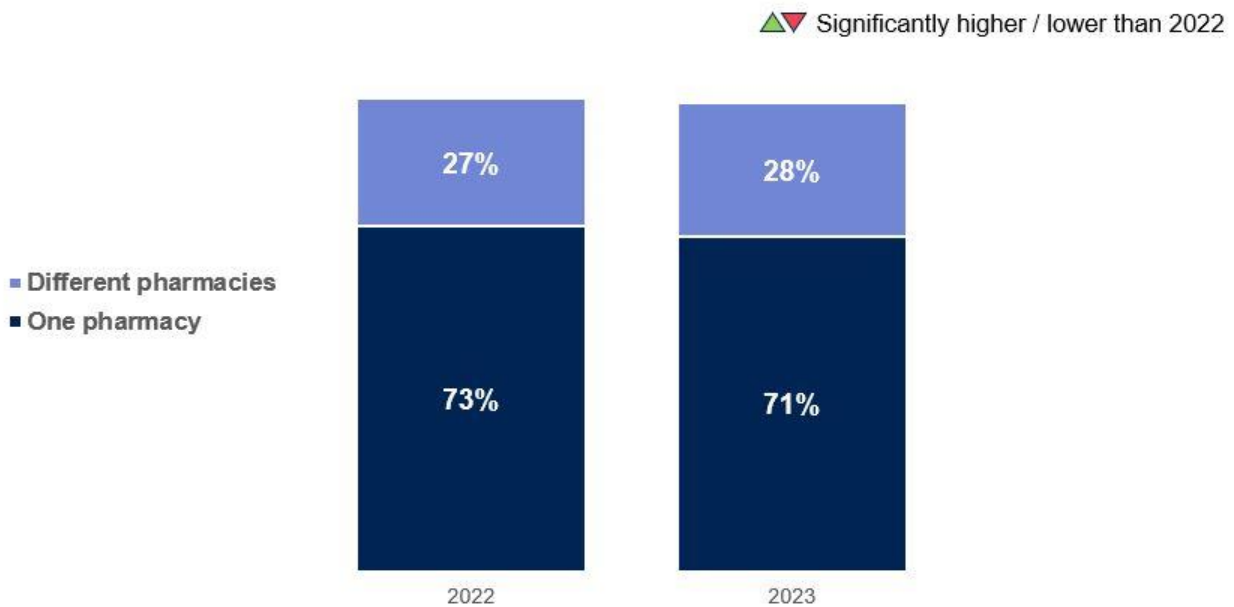
Base: All respondents living in England who have contacted or visited a community pharmacy in the last year (2022 n=1680; 2023 n=1679). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

Location has an impact on the type of pharmacy people regularly use. Pharmacy users in London are more likely to use a small chain or independent pharmacy than any other area of England (61%, compared to 42% overall). In contrast, several areas outside of London are more likely to use a pharmacy attached to a GP practice (North West 33%, South West 31%, West Midlands 30%, East Midlands 28%, and East of England 27%, compared to 17% in London). This is echoed by pharmacy users living in rural areas, with 32% saying that they most regularly visit a pharmacy attached to a GP practice (compared to 26% overall). In contrast, those from urban areas are more likely to say that they most regularly use a pharmacy in a supermarket (16% compared to 14% overall).

### 3.3 Consistency in pharmacy used

Pharmacy users tend to be creatures of habit with their choice of pharmacy. Just under three-quarters (71%) say they tend to use the same community pharmacy, while just over one-quarter (28%) say they tend to use different community pharmacies. This is in line with results from 2022.

**Figure 3.3: Q6. Do you tend to use one community pharmacy, or do you use different community pharmacies?**



Base: All respondents living in England who have contacted or visited a community pharmacy in the last year (2022 n=1680; 2023 n=1679). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

The consistency in the pharmacy being used can vary depending on its type. Those who most regularly use a large or medium chain pharmacy (65%), a small chain or independent pharmacy (71%) or a pharmacy attached to a GP practice (64%) are more likely to use the same pharmacy than those who go to a pharmacy in a supermarket (48%) or an online pharmacy (42%).

Those with a disability are more likely to use the one pharmacy (79%, compared to 69% of those without a disability), whilst those without a disability are more likely to use different pharmacies (30%, compared to 21% of those with a disability).

Age also plays a role: those who are older are more likely to be habitual in their choice of pharmacy, with those aged 55 and over more likely to stick with the one pharmacy (81%) compared to overall pharmacy users (71%).

### 3.4 Chapter summary

- Contacting or visiting a pharmacy is not a frequent occurrence for most. However, older people, people with a disability, carers and those not working full-time all use a community pharmacy more frequently.
- The vast majority of people use the same pharmacy, rather than multiple pharmacies. This is particularly true for older people, those with a disability and those who use small chain or independent pharmacies.

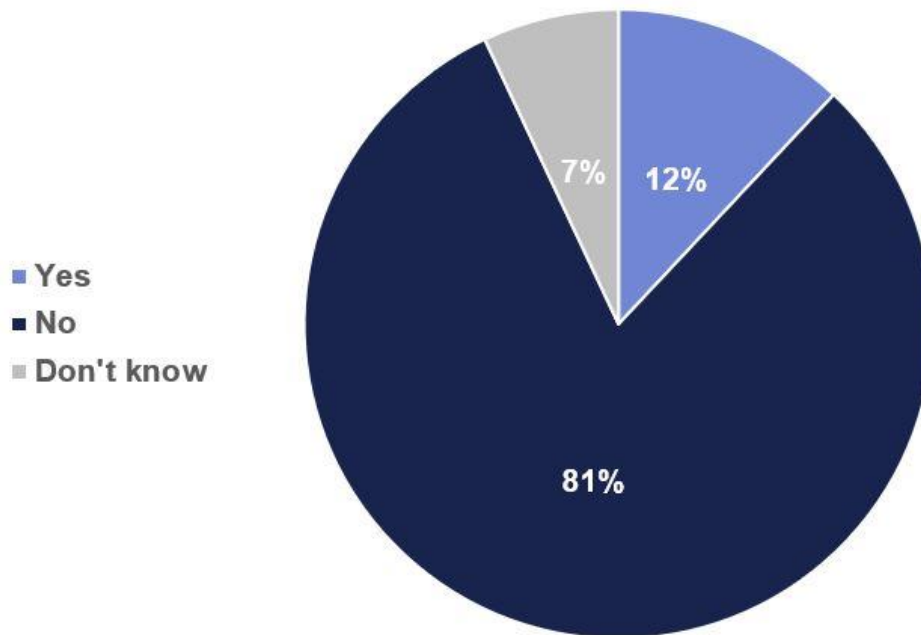
## 4. Impact of pharmacy closures

This chapter of the report explores the impact of pharmacy closures on the public, including whether they have been impacted by a closure and whether people in England have had to select a new regular pharmacy as a result. It also considers, for those who have had to choose a new pharmacy, if the experience of the new pharmacy is better or worse.

### 4.1 Prevalence of experiencing a pharmacy closure

Generally, pharmacy users have not experienced a pharmacy closure. Around four in five (81%) do not think that a pharmacy they've used in the last year has closed, with only one in ten (12%) knowing of a pharmacy they have used in the last year that is now closed permanently. Seven per cent of pharmacy users are not sure.

**Figure 4.1: Q5B. Thinking about all the community pharmacies you have used in the last year, as far as you know, have any of them closed permanently closed since you last used them?**



Base: All respondents living in England who have contacted or visited a community pharmacy in the last year (n=1679). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

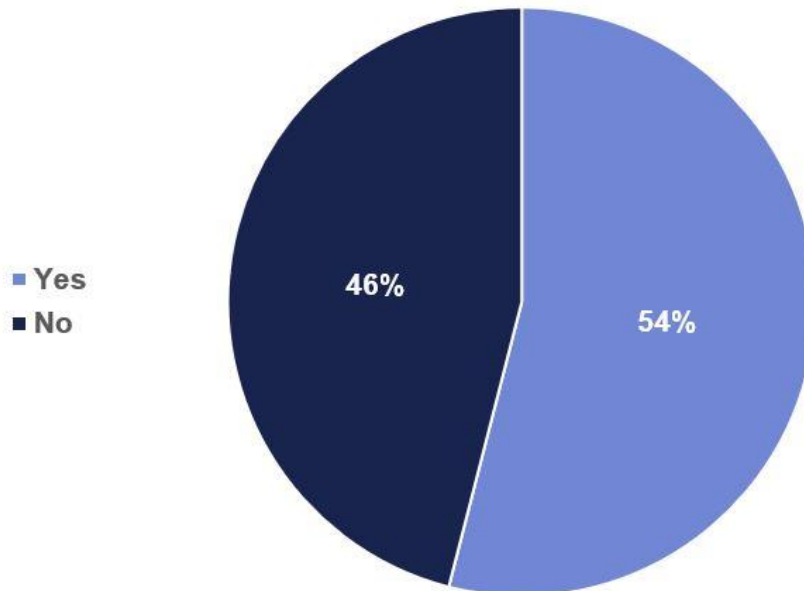
Pharmacy users from ethnic minority backgrounds are more likely to say that a pharmacy they have used in the last year has closed (20%, compared with 11% of people from a White ethnic background). Region also plays a role with those from the East of England (18%) and the South East (17%) more likely than the wider population of pharmacy users (12%) to say a pharmacy they have used in the last year has closed.

Furthermore, the type of pharmacy most used also has an impact on the experience of pharmacy closures, with those mostly using an online pharmacy more likely to have been impacted by a closure (30%, compared to 12% of overall pharmacy users). This may suggest that people impacted by pharmacy closures have started using online pharmacies as an alternative.

## 4.2 Moved to a new pharmacy as a result of closure

The impact of pharmacy closures on pharmacy users has been mixed. Just over half (54%) of those affected by pharmacy closures in the last year have had to choose a new regular pharmacy. The remaining 46% have not chosen a new regular pharmacy.

**Figure 4.2: Q5Ci. Have you had to choose a new regular community pharmacy because of the closure of the community pharmacy?**



Base: All respondents living in England who have contacted or visited a community pharmacy in the last year that has closed (n=188). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

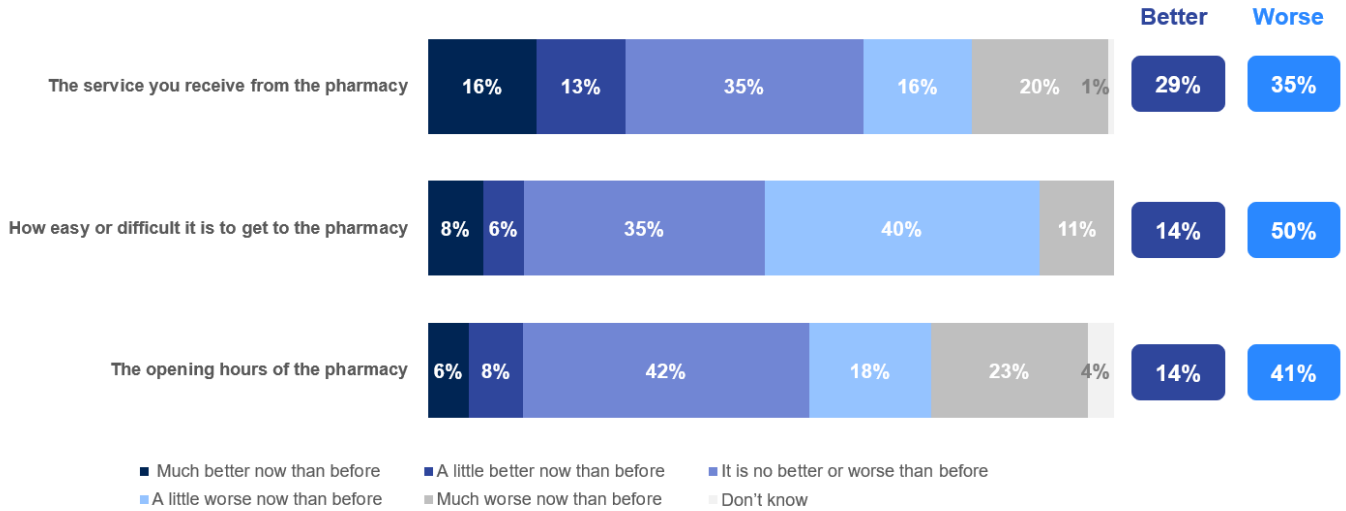
Pharmacy closures appear to have a greater impact on people who have a disability. Around three in five (62%) of those with a disability have had to choose a new regular pharmacy due to the closure of their current pharmacy, compared with 41% of those without a disability. This could be linked to those with a disability being more likely to require more regular contact with a pharmacy and therefore have a stronger need to find a replacement. However, please treat these results with caution as they are based on a small number of participants (53 pharmacy users with a disability).

## 4.3 Experience of new pharmacy

*Please note that the results for this question should be analysed with caution given the small number of people answering these questions (97).*

Overall, closures of community pharmacies are having a negative impact on the experiences of those who have chosen a new community pharmacy. Half (50%) claim that their new pharmacy is more difficult to get to, two in five (41%) say that the opening hours are worse and 35% say that the service they receive is worse. While a smaller number report that these areas are better; it is easier to get to (14%), the opening hours are better (14%) and the service is better (29%).

**Figure 4.3: Q5Cii. Please think about the community pharmacy you regularly use now compared with the pharmacy you used before it closed. To what extent would you say each of the following is better or worse than before, if at all?**



Base: All respondents living in England who had chosen a new pharmacy following a closure of their regular pharmacy in the last 12 months (n=97). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

#### 4.4 Chapter summary

- Only a small proportion of people have used a pharmacy that has closed in the last 12 months.
- Of those whose regular pharmacy has closed in the last 12 months, only around half have found a new regular pharmacy.
- Pharmacy closures have had a negative impact on those that have had to choose a new regular pharmacy. With those affected reporting that it is more difficult to get to, the opening hours are worse and the service they receive is worse.



# 5. Services on offer and access to prescriptions

This chapter explores the public's awareness of different services offered by community pharmacies as well as reviewing the services that they think pharmacies should offer, and the reasons behind people's visits to pharmacies over the last year. It also examines pharmacies' performance when it comes to communicating when a prescription is ready, what mode is used for this contact and how frequently prescriptions are found to be out of stock.

## 5.1 Use of pharmacies versus other organisations

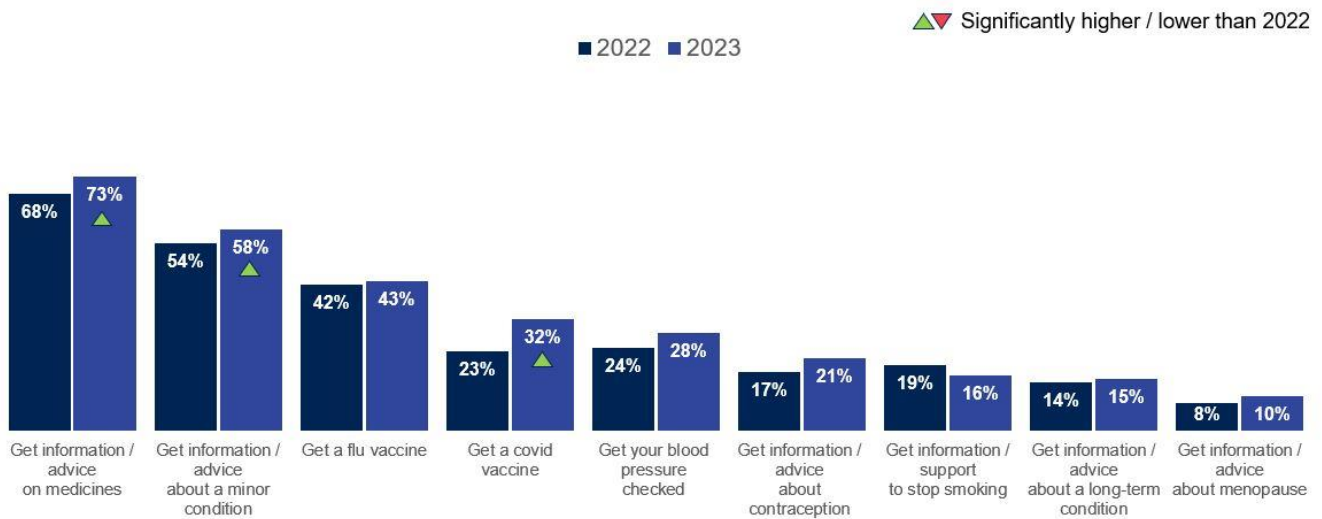
Of the various health services or information sources presented to participants, the public identify pharmacies as the organisations they would be most likely to go to if they needed information and advice on medicine (73%) or if they needed information or advice about a minor health condition (58%). The public continue to rely heavily on their GP for a number of the services listed, though pharmacies are the second choice for the following:

- Getting a flu vaccination (43% would use a pharmacy, compared to 69% who would go to a GP practice)
- Getting their blood pressure checked (28% would use a pharmacy, compared to 76% who would go to a GP practice)

Compared to 2022, pharmacies continue to be known for the same types of services. However, there are some services that the public are increasingly likely to say they would go to a pharmacy for:

- Getting a COVID vaccine (32% in 2023, compared to 23% in 2022)
- Getting information and advice on medicines (73% in 2023, compared to 68% in 2022)
- Getting information and advice on a minor condition (58% in 2023, compared to 54% in 2022)

**Figure 5.1: Q2. Who or which organisation, if any, would you go to if you wished to ...? Chart shows the percentage selecting a pharmacy for each type of use.**



Base: All respondents (base varies per statement, minimum 2022 = 518, 2023 = 564). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

Women are more likely than men to go to a pharmacy for a number of services. This includes:

- To get a flu vaccine (46% compared to 40%)
- To get information or advice about a minor condition (62% compared to 54%)
- To get information or advice about a long-term condition (16% compared to 13%)

Those from a White ethnic background are more likely to go to a pharmacy to get information and advice on medicines (75%, compared to 62%) as well as a minor condition (60% compared to 48%) than those from ethnic minority backgrounds. However, women over 40 from an ethnic minority background are more likely to go to a pharmacy to get information and advice about menopause than the wider population of women over 40 (18% compared to 10% overall)<sup>1</sup>.

Different age groups turn to community pharmacies for different services. For example, older people (aged 55 and over) are more likely to go to a pharmacy for information and advice about a minor condition (68% compared to 58% overall), while those aged 45 to 74 are more likely to go to a pharmacy to get a flu vaccine (49% compared to 43% overall).

Those with a disability are more likely than those without a disability to say that they would use a pharmacy as their first port of call for information about a minor condition (63% compared to 57%). Among women aged 18 to 55, those with a disability are more likely to turn to a pharmacist to get information and advice about contraception (29% compared to 19% of those without a disability).

<sup>1</sup> Please treat results with caution as they are based on a small number of participants (73).

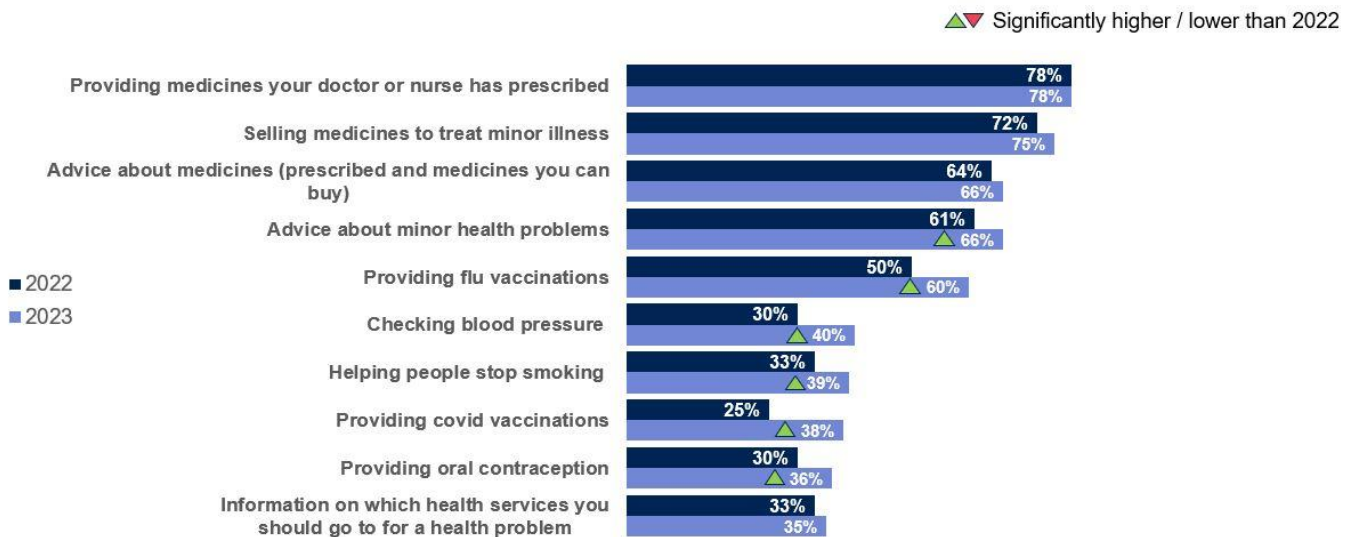
## 5.2 Awareness of services on offer

Pharmacies continue to be best known for providing prescriptions (78%, in line with 78% in 2022), selling medicines like paracetamol or eye drops to treat a minor illness (75%, in line with 72% in 2022) and providing advice about medicines (66%, in line with 64% in 2022).

Despite this consistency in the top three services that a pharmacy is known to provide, there are other services that the public are increasingly aware of. These include:

- Advice on minor health problems (up from 61% in 2022 to 66% in 2023)
- Providing flu vaccinations (up from 50% in 2023 to 60% in 2023)
- Help to stop smoking (up from 33% in 2022 to 39% in 2023)
- Checking blood pressure (up from 30% in 2022 to 40% in 2023)
- Providing contraception (up from 30% in 2022 to 36% in 2023)
- Providing a COVID vaccine (up from 25% in 2022 to 38% in 2023)
- Advice on weight management (up from 20% in 2022 to 24% in 2023)
- Providing travel vaccines (up from 19% in 2022 to 24% in 2023)

**Figure 5.2: Q9. Thinking about the regular community pharmacy that you use, either for yourself or someone you care for (including any children you have), which of the following services do you think they currently offer, if any?**



Base: All respondents living in England who have contacted or visited a community pharmacy in the last year (2022 n=1680; 2023 n=1679). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

Pharmacy users aged 55 and over are more likely to be aware of traditional pharmacy services than those who are younger. They have greater awareness of a pharmacy providing prescription medicine (87% of those aged 55 and over say pharmacies do this, compared to 78% overall), selling medicines for minor illness (83% of those aged 55 to 74 say pharmacies do this, compared to 75% overall), offering

advice about medicines (76% of those aged 55 to 74, compared to 66% overall) and minor health problems (76% of those aged 55 to 74, compared to 66% overall), and providing a flu vaccination (74% of those aged 55 to 74 compared to 60% overall). Meanwhile, younger pharmacy users are more likely to be aware that pharmacies offer to refer people to other health services (21% of those aged 16 to 24 say pharmacies do this, compared to 11% overall).

Awareness of the services offered by community pharmacies is lower among those from ethnic minority backgrounds. This covers services that provide medicine (for example, only 63% of those from an ethnic minority background say they are aware that a pharmacy provides prescription medicine, compared to 80% of those from a White ethnic background) and those that provide certain types of advice (for example, 28% of those from an ethnic minority background are aware that pharmacies help people to stop smoking, compared to 41% of those from a White ethnic background). This could be because those from an ethnic minority background are less likely to use a pharmacy for this purpose, and so these services are less top of mind. However, those from ethnic minority backgrounds are more likely to be aware of travel vaccination services being offered at a pharmacy (32% compared to 23% of those from a White ethnic background).

Those who use different pharmacies are generally aware of a wider array of services on offer. For example, 79% of those that use different pharmacies are aware that they can provide advice about medicines compared to 64% of those who tend to use just one pharmacy.

Similarly, those who use a small chain or independent pharmacy are more likely to be aware of a number of services offered including;

- Providing prescription medicines (82% compared to 78% overall)
- Selling medicines for minor illness (81% compared to 75% overall)
- Providing oral contraception (40% compared to 36% overall)
- Providing advice on weight management and healthy eating (27% compared to 24%)

This could be linked to the rapport that is built up when using a smaller pharmacy, with pharmacy users naturally finding out more about the services on offer.

### 5.3 Perceptions of which services pharmacies should offer

The public were asked which services they think community pharmacies *should* offer, from a list that excluded obvious services such as dispensing prescribed medicines or selling medicines over the counter. In line with results from 2022, offering advice about minor health problems continues to be the most popular service that people think pharmacies should offer (73%). This is followed by advice about medicines (71%), checking blood pressure (71%) and providing flu vaccinations (69%).

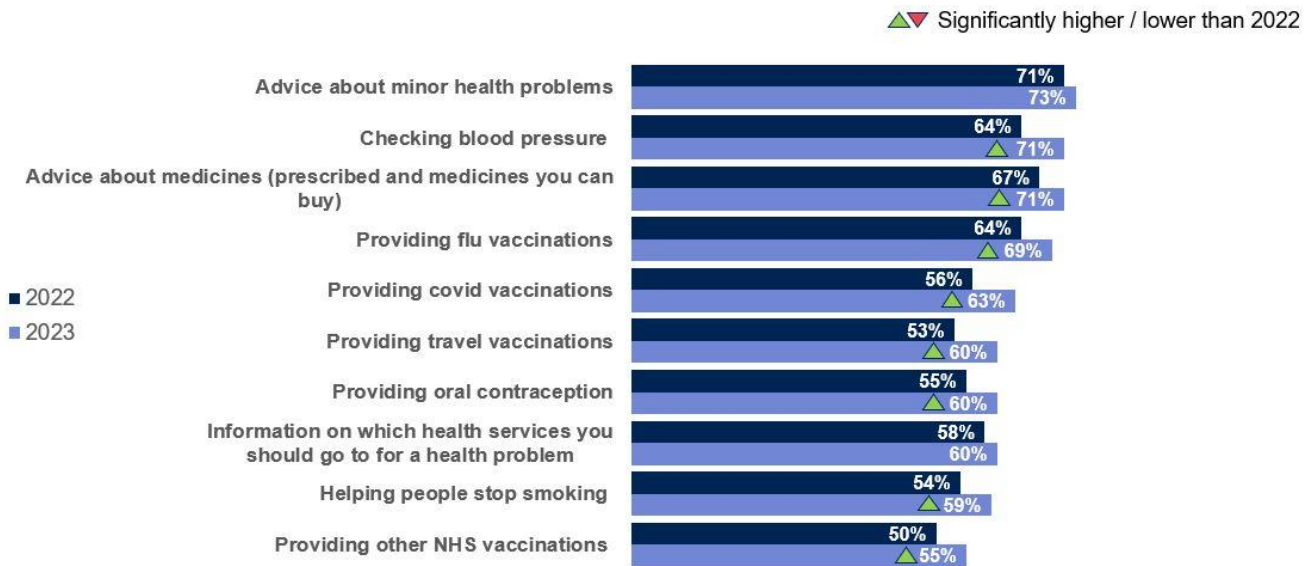
As the role of pharmacies in England becomes more prominent in providing care, it is encouraging to see that the public are more likely to expect pharmacies to offer a number of services. This includes:

- Advice about medicines (up from 67% in 2022 to 71% in 2023)
- Checking blood pressure (up from 64% in 2022 to 71% in 2023)
- Providing flu vaccinations (up from 64% in 2022 to 69% in 2023)

- Providing COVID vaccines (up from 56% in 2022 to 63% in 2023)
- Providing oral contraception (up from 55% in 2022 to 60% in 2023)
- Providing travel vaccinations (up from 53% in 2022 to 60% in 2023)
- Helping people to stop smoking (up from 54% in 2022 to 59% in 2023)
- Advice on weight management (up from 46% in 2022 to 52% in 2023)
- Prescribe medicines independently of a doctor or nurse (up from 36% in 2022 to 40% in 2023)

This suggests that the public are increasingly receptive to pharmacies providing a wide range of services.

**Figure 5.3: Q10. And regardless of what services you think community pharmacies currently offer, which of the following services, if any, do you think community pharmacies should offer**



Base: All respondents living in England (2022 n=2067; 2023 n=2082). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

When it comes to offering advice or a vaccination, older people generally have a greater expectation for the services that pharmacies should offer. For example, 79% of those aged 55 and over believe that pharmacies should provide flu vaccinations compared to 69% overall. Similarly, 82% of those aged 55-74 believe that pharmacies should offer advice about medicines, compared to 71% overall.

However, many of the services that older people think *should* be offered are also the services that they are more likely to use. For instance, those aged 75 and over are less likely to think that pharmacies should provide oral contraception (46% compared to 60% overall) or advice on weight management and healthy eating (40% compared to 52% overall).

Different parts of England have diverging priorities when it comes to services they believe pharmacies should offer. In the south of England over half would like to see pharmacies provide consultations so they do not have to go to a GP (57%, compared to 54% overall). Similarly, just under half of those in the

south of England believe that pharmacies should offer referrals to other health services (43% compared to 39% overall).

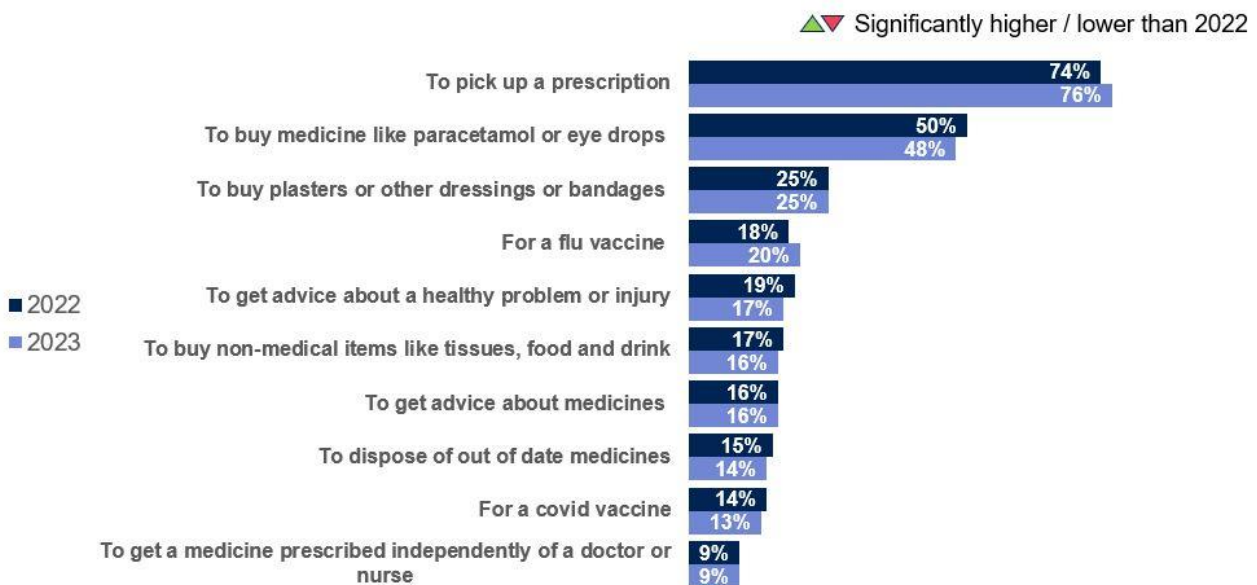
As with older people, those living in less deprived areas are more likely to expect pharmacies to offer a range of services. For instance, 81% believe that pharmacies should offer advice about medicines, compared to just 60% of those from the most deprived areas. This may be because those living in less deprived areas tend to be older, and older people tend to expect a wider range of services.

Like their level of awareness of services seen in section 5.1, people who use a small chain or independent pharmacy as their regular pharmacy seem to see a greater role for the community pharmacy. For example, 44% suggest that pharmacists should be able to prescribe medicines independently of a doctor or nurse (compared to 40% overall) and 46% say that pharmacists should refer people to other health services (compared to 39% overall).

### 5.4 Uses of pharmacies in the past 12 months

In the past 12 months, pharmacies across England continue to be most used for collecting prescriptions (76%). Pharmacy users also commonly use them to buy over-the-counter medicine like paracetamol (48%), to buy plasters or other dressings or bandages (25%) or to get a flu vaccine (20%). This is in line with 2022.

**Figure 5.4: Q15. Thinking about the past 12 months, which of these things did you contact or visit the pharmacy for, either for yourself or someone you care for (including any children you have)?**



Base: All respondents living in England who have contacted or visited a community pharmacy in the last year (2022 n=1680; 2023 n=1679). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

In line with expectations, age influences the reason people contacted or visited a pharmacy in the last 12 months. For example, pharmacy users who are older are more likely to have visited a pharmacy to pick up a prescription than wider pharmacy users (84%, compared to 76% overall).

Pharmacy users from a White ethnic background are more likely to have used a pharmacy in the last year to pick up a prescription (79% compared to 57%), buy medicine such as paracetamol (50% compared to 40%) or dispose of out-of-date medicine (16% compared to six per cent) than those from

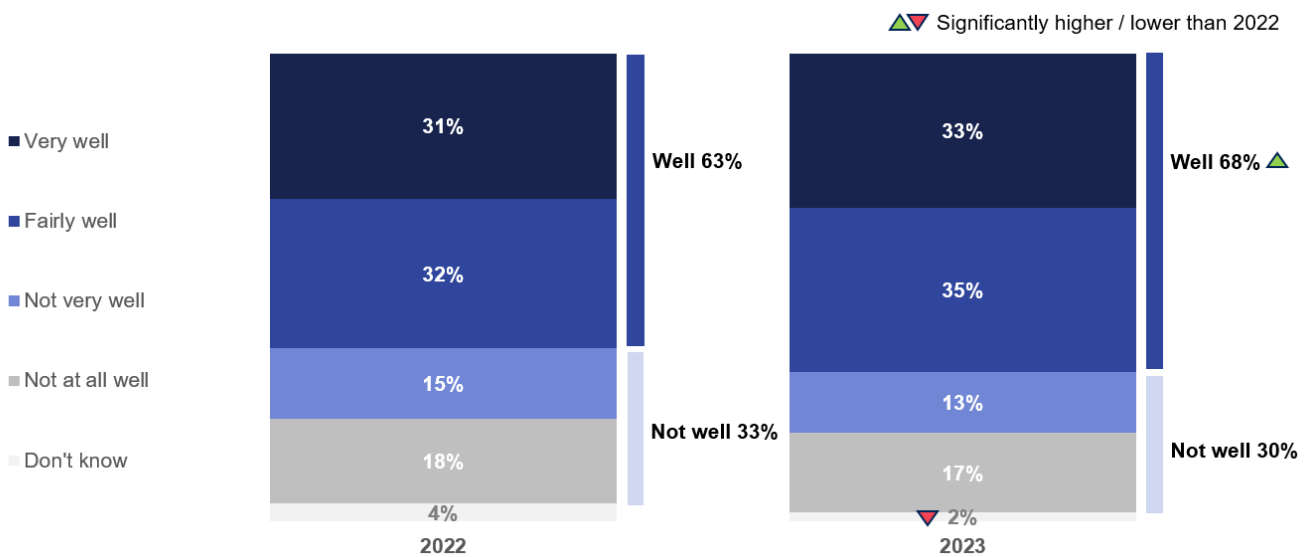


ethnic minority backgrounds. However, those from ethnic minority backgrounds are more likely to have reached out to a pharmacy in the last 12 months for some of the less traditional services offered. This includes asking for advice about the health services they should use (seven per cent, compared to three per cent of those from a White ethnic background), to get contraceptives that do not need a prescription (eight per cent compared to two per cent) and to get advice on weight management and healthy eating (five per cent compared to one per cent).

### 5.5 Pharmacy performance at communicating when a prescription is ready

Just over two-thirds (68%) of pharmacy users say that their pharmacy performs well at letting them know when their prescription is ready, which is higher than in 2022 (63%). The remaining third (30%) say that their pharmacy does not perform well, which is in line with last year’s results (33%).

**Figure 5.5: Q13. Think about the community pharmacy you contact or visit most regularly for a prescription that you or someone you care for (including any children you have) need regularly such as every month. How well does the pharmacy do at letting you know the medicine is ready?**

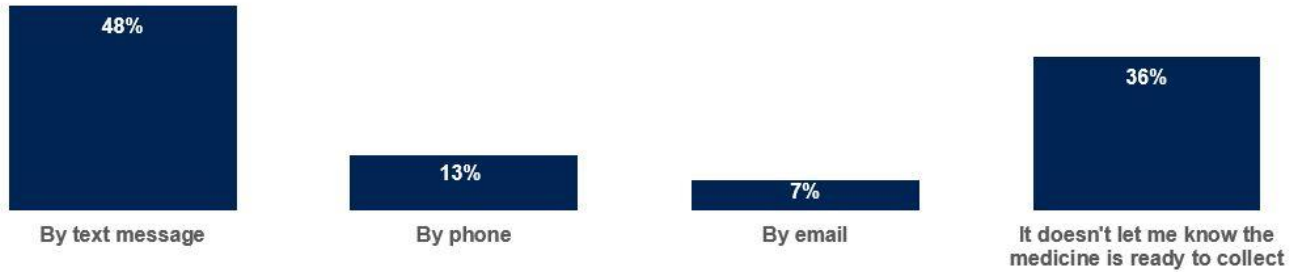


Base: All respondents living in England who have contacted or visited a community pharmacy in the last year (excluding not applicable) (2022 n=1399; 2023 n=1408). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

### 5.6 Mode used to communicate when prescription is ready by pharmacy

Text message is the most common mode used to let pharmacy users with a regular prescription know that their prescription is ready. This is followed by phone (13%) and email (seven per cent). However, just over one-third (36%) say they are not told at all.

**Figure 5.6: Q13a. And how does the community pharmacy let you know the medicine is ready to collect?**

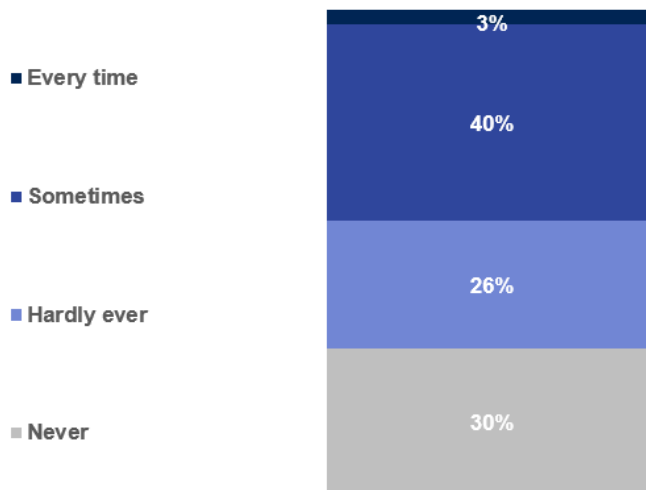


Base: All respondents living in England who use a pharmacy for regular prescriptions (n=1374). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

### 5.7 Stock at pharmacy

Two-thirds (69%) of people who have used a pharmacy in the last year have experienced their prescription being out of stock in the last year. Only three per cent say this occurred every time they needed prescription medicine, whilst 40% say this happened sometimes and for 26% this hardly ever happened. For just under one-third (30%), their prescription has always been in stock.

**Figure 5.7: Q5d. Thinking about all of the community pharmacies you have used in the last year for prescription medicine, how often have you been told that the prescription medicine you needed was out of stock?**



Base: All respondents living in England who have contacted or visited a community pharmacy in the last year (excluding not applicable) (n=1549). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

Women are more likely than men to have been told that the prescription medicine they needed was out of stock (74% compared to 64%). However, women usually only face this some of the time (44% compared to 40% overall).

Pharmacy users from ethnic minority backgrounds are more likely than those from a White ethnic background to have been told that their prescription was out of stock (78% compared with 67%). When



reviewing this frequency in more detail, those from ethnic minority backgrounds are more likely to say that every time they have tried to get their prescription it has been out of stock (nine per cent, compared to two per cent of those from a White ethnic background).

Location within England also has an impact on stock. Pharmacy users from the Midlands are more likely to have been told that their prescription was unavailable (76% compared with 67% in the South and 68% in the North).

Pharmacy users with a disability are more likely to say that their prescription has been unavailable (80%, compared to 65% of those without a disability). When looking at the frequency of this, those with a disability are most likely to find that it is sometimes out of stock (53%, compared to 37% of those without a disability). In contrast, those without a disability are more likely to say that their prescription is never out of stock (34%, compared to 20% of those with a disability). This could be related to different frequency of use between those groups.

## 5.8 Chapter summary

- Pharmacies continue to be the service that the public say would be their first port of call to get information and advice on medicine and minor health conditions. Encouragingly, more people claim that they would go to a pharmacy first for these services, alongside a number of other services. However, this is primarily driven by those from a White ethnic background – those from an ethnic minority background are less likely to say *they would* go to a pharmacy to get information and advice about medicines and minor health conditions.
- Pharmacies are still most known for providing prescription medicine. Encouragingly, there has been an increase in awareness of a number of services including, for example, selling over the counter medicine and offering advice of various types.
- Closely linked to awareness of services, there has also been an increase in demand for a number of services that people believe pharmacies should offer. This demand is largely from younger people and those living in less deprived areas.
- In the last 12 months, pharmacies have been most regularly used for collecting prescriptions, which is in line with last year. This is driven by those from a White ethnic background. Meanwhile, those from an ethnic minority background are more likely to have reached out to a pharmacy in the last 12 months for less traditional services, such as advice about health services to use and to get contraceptives that do not need a prescription.
- Pharmacy users are increasingly happy with the performance of pharmacies in providing updates on when their prescriptions will be ready. Text message is the predominant mode that pharmacies use for letting people know their prescription is ready.
- Although the majority of pharmacy users have experienced their prescription being out of stock in the last 12 months, this tends to have happened to them only sometimes.

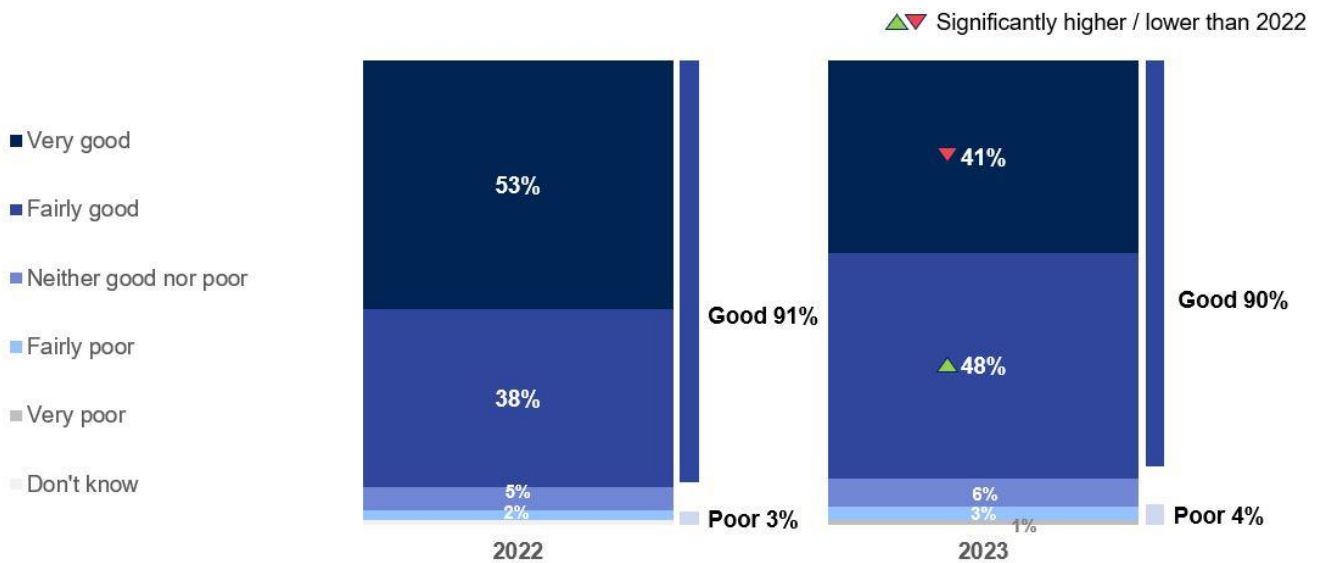
# 6. Satisfaction with community pharmacies

This chapter explores public satisfaction with community pharmacies based on their experiences over the last 12 months, or their last visit. It looks at the perceived quality of advice received, and satisfaction with a number of aspects of services the last time they visited a pharmacy including timeliness, being able to get what they need, and cleanliness of facilities.

## 6.1 Quality of advice from pharmacist

In line with last year’s results, those who have used a pharmacy in the last 12 months to get advice about medicines, a health problem or injury, or what health service they should use, are positive about the advice they received. Nearly all (90%) perceive the quality of advice they received as good, and only four per cent say it was poor. This level of satisfaction is largely consistent across ages, regions, educational levels, deprivation, types of pharmacy used, smoking habits, parental and carer status, as well as disability status.

**Figure 6.1: Q16. You said that you have used a pharmacy in the last 12 months to get advice about medicines, a health problem or injury or what health service you should use. Overall, how good or poor would you say the quality of the advice was?**



Base: All respondents living in England who have contacted or visited a community pharmacy in the last year to get advice on medicines/health problems/advice on health services in the past year (2022 n=500; 2023 n=492). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

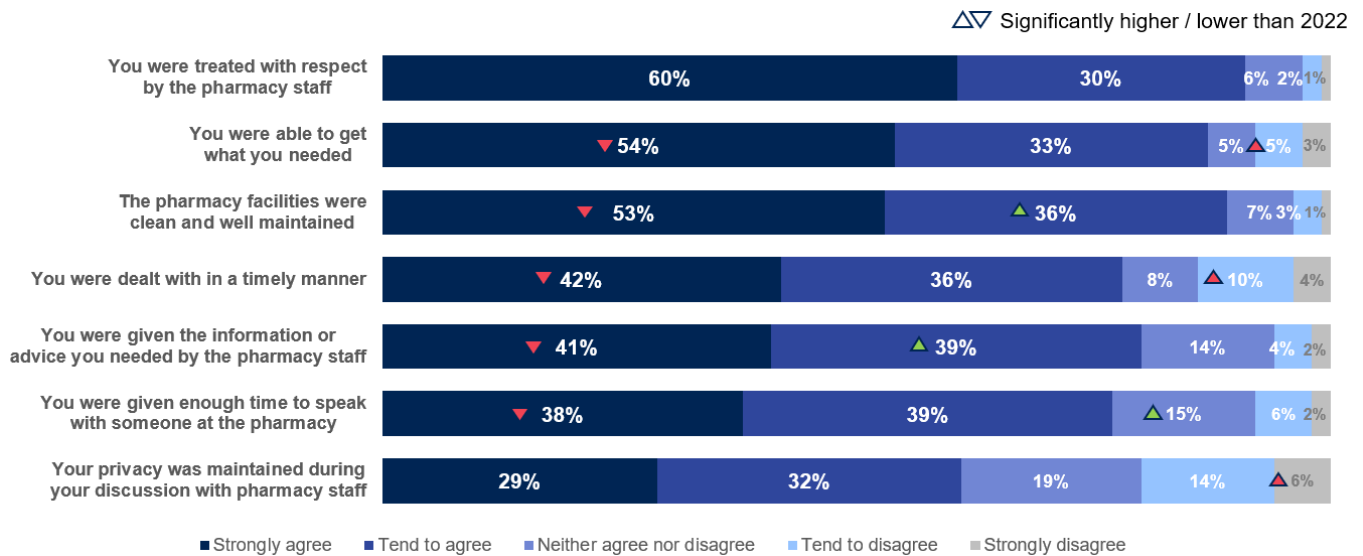
Those aged 55 to 64 who sought advice from a pharmacy in the last 12 months are particularly satisfied with the quality of advice received, with nearly all rating it as good (96%, compared to 90% overall). In addition, those who only use one pharmacy are happier with the quality of advice they received (92% say it is good) compared to those who use different pharmacies (83%).

## 6.2 Satisfaction with pharmacist at last visit

Based on the last time they contacted or visited a pharmacy, either for themselves or for someone they care for, the vast majority of pharmacy users in England report that they were treated with respect

(90%), were able to get what they needed (87%), and were dealt with in a timely manner (78%). Almost nine in ten perceive the pharmacy facilities to have been clean and well maintained (89%). A smaller proportion of people agree that they were given enough time to speak with someone at the pharmacy (77%), and that they were given the information or advice that they needed (80%). Over half agree that their privacy was maintained during their discussion with pharmacy staff (60%), though only one in five say that it was not maintained (20%).

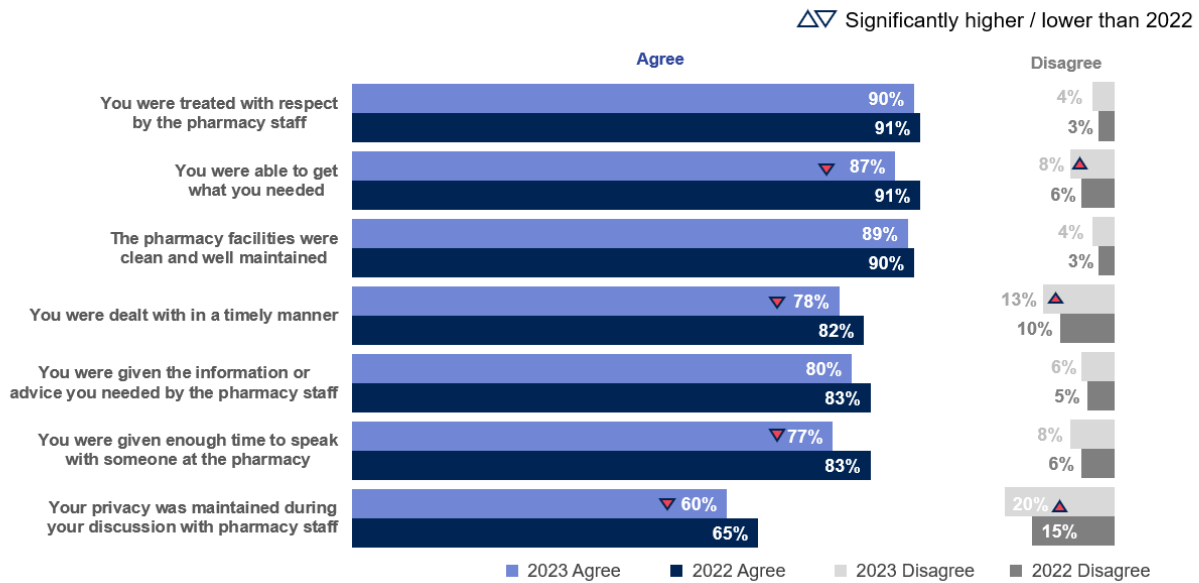
**Figure 6.2: Q18. Thinking about the last time that you contacted or visited a pharmacy, either for yourself or someone you care for (including any children you have), to what extent do you agree or disagree with each of the following statements?**



Base: All respondents living in England who have contacted or visited a community pharmacy in the last year and who did not only use a pharmacy to buy non-medical items (excluding not applicable) (varies per statement, minimum 2022 n=1179; 2023 n=1280). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

When compared to 2022, some of the experiences reported above have got worse. The proportion who stated that their privacy was not maintained during their discussion with pharmacy staff increased by five percentage points, from 15% in 2022 to 20% in 2023. Pharmacy users were also less likely to say that they were given enough time to speak with someone at the pharmacy (a drop from 83% to 77%), that they were able to get what they needed (a drop from 91% to 87%), or that they were dealt with in a timely manner (a drop from 82% to 78%).

**Figure 6.3: Q18. Thinking about the last time that you contacted or visited a pharmacy, either for yourself or someone you care for (including any children you have), to what extent do you agree or disagree with each of the following statements? Comparison between 2022 and 2023.**



Base: All respondents living in England who have contacted or visited a community pharmacy in the last year and who did not only use a pharmacy to buy non-medical items (2022 n=1462; 2023 n=1582). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

In general, pharmacy users who are carers, have a disability and are from ethnic minority backgrounds tend to be less satisfied with some aspects of their experience the last time they visited or contacted a pharmacy.

Carers are less likely to agree that their privacy was maintained during the discussion with pharmacy staff (39%, compared to 63% of those who are not carers). In fact, almost one-third of carers explicitly said their privacy was not maintained (32%, compared to 19% of pharmacy users). Carers were more likely to say they were not treated with respect by the pharmacy staff (nine per cent) than those who are not carers (three per cent), or that they were unable to get what they needed (18%, compared to only seven per cent of those who are not carers). Lastly, carers were less likely to agree that they were dealt with in a timely manner (62%) than those without caring responsibilities (80%).

Similarly, more than one in five pharmacy users with a disability report that their privacy was not maintained during their discussions with pharmacy staff (26%, compared to 18% of those without a disability), and one in ten report they were not given enough time to speak with someone at the pharmacy (12%, compared to six per cent of those with a disability). Additionally, almost one in five of those with a disability status said they were not able to get what they needed (11%, compared to only seven per cent of those without a disability), and that they were not dealt with in a timely manner (18%, compared to 12% of those without a disability).

There is a tendency for older people to be more satisfied. Pharmacy users aged 65 to 74 are more likely to say that they were dealt with in a timely manner than any other younger age group (86%, compared to 78% overall). In contrast, those aged 25 to 34 are most likely to say that they were not given enough time to speak with someone at the pharmacy (13% compared to eight per cent overall).

Ethnic background was the basis of a few differences between groups, with pharmacy users from ethnic minority backgrounds more likely to say they were not given the information or advice they needed by the pharmacy staff (11%) than those from White ethnic backgrounds (five per cent). Those from White ethnic backgrounds report a better experience of being able to get what they needed (88%) compared to those from ethnic minority backgrounds (80%), or being treated with respect (91% compared to 86%).

### 6.3 Chapter summary

- A majority of pharmacy users in England report positive experiences with pharmacies, including getting what they needed, being treated with respect, and being dealt with in a timely manner.
- Between 2022 and 2023, there has been a decline in patient satisfaction in the areas of privacy, time allowed to speak with pharmacy staff, ability to get what they needed, and timeliness of the service.
- Pharmacy users who are carers, who have a disability, and are from ethnic minority backgrounds tend to report lower satisfaction on their last visit to a pharmacy, specifically in the areas of privacy and receiving the service or advice they needed. Older people tended to be more satisfied.

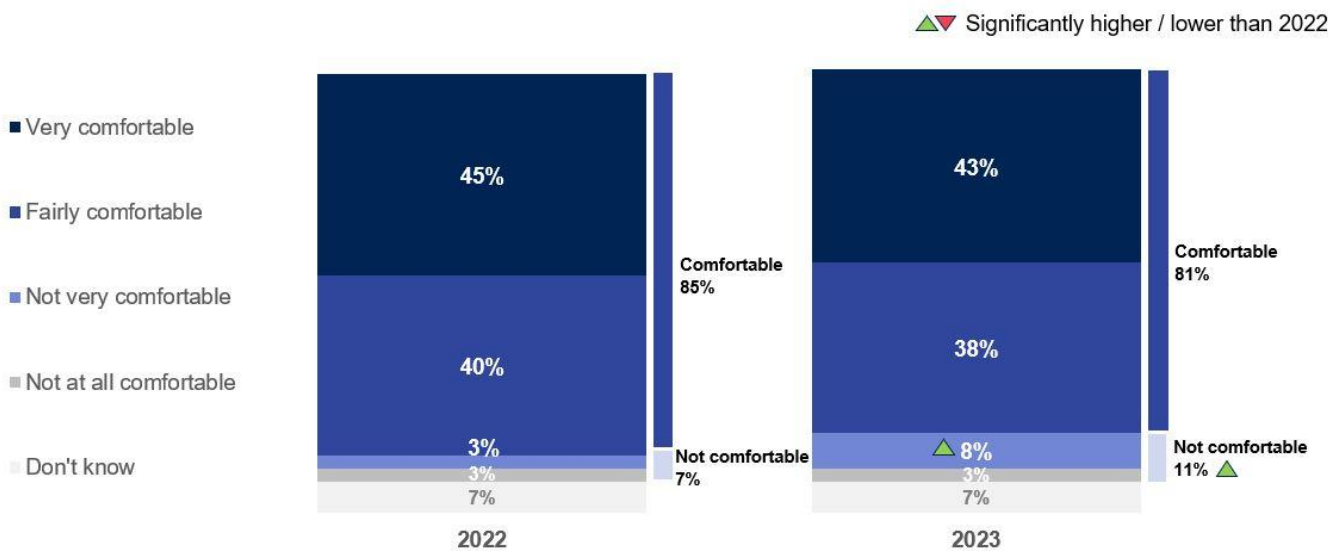
# 7. Level of comfort with new pharmacy services

This chapter investigates the level of public comfort regarding the introduction of various new services by community pharmacies. These services include direct referrals to NHS services, medication management, and advice about minor illnesses and long-term conditions.

## 7.1 Level of comfort with pharmacist supporting to stop smoking

In general, the majority of current or former smokers would be comfortable with being referred by an NHS service to a community pharmacy for regular support to stop smoking. Four in five say they would be comfortable (81%), with only one in ten saying they would not be comfortable (11%).

**Figure 7.1: Q19. Imagine you have used an NHS service and the healthcare professional refers you to a community pharmacy of your choice, for regular support to help you stop smoking. How comfortable, if at all, would you feel being referred by an NHS service to a community pharmacy for regular support to stop smoking?**



Base: All current, occasional and former smokers (2022 n=949; 2023 n=926). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

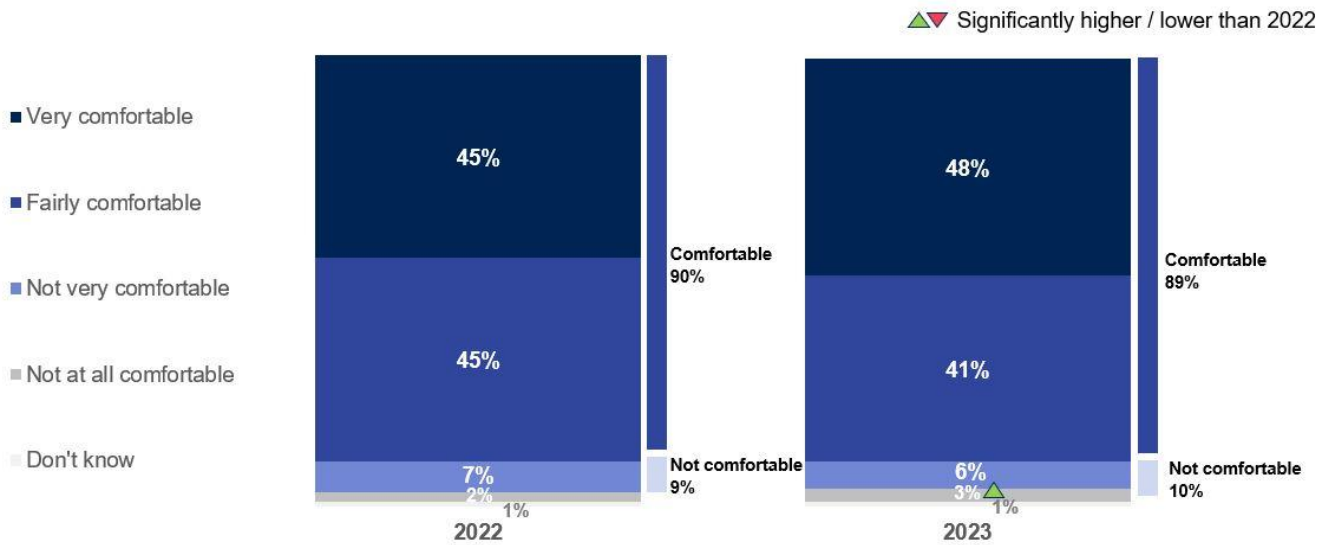
This is largely consistent across different groups of people. However, male current or former smokers are more likely than female current or former smokers to say that they would not be comfortable with being referred to a pharmacy for smoking cessation (13% of men, compared to eight per cent of women). In addition, those working full-time are more comfortable with being referred to a pharmacy than those not working full-time (85% compared to 78%), which could be linked to their availability outside of working hours.

Overall, the support for this service has diminished slightly. The proportion of people who state that they would not be comfortable has risen by four percentage points, from seven per cent in 2022 to 11% in 2023.

## 7.2 Level of comfort to be referred to a pharmacist for minor illness by a GP receptionist

Almost nine in ten people in England (89%) would feel comfortable being referred to the pharmacy to treat a minor illness such as an earache, having spoken to a GP receptionist. Only 10% say they would not be comfortable with this. These results are in line with 2022.

**Figure 7.2: Q20. Imagine you have an earache and you call your GP practice for an appointment. After you have spoken to the receptionist, they say you can see a community pharmacist instead and they organise an appointment for you on the same day. In this scenario, how comfortable, if at all, would you feel being referred to a community pharmacy to treat a minor illness such as an earache?**



Base: All respondents living in England (2022 n=2067; 2023 n=2082). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

However, some groups are less comfortable with the concept of a GP receptionist referring them to a community pharmacy. Almost one in five of those from ethnic minority backgrounds, and those aged 16 to 24 say they would not be comfortable with it (19% and 17% respectively, compared to 10% overall).

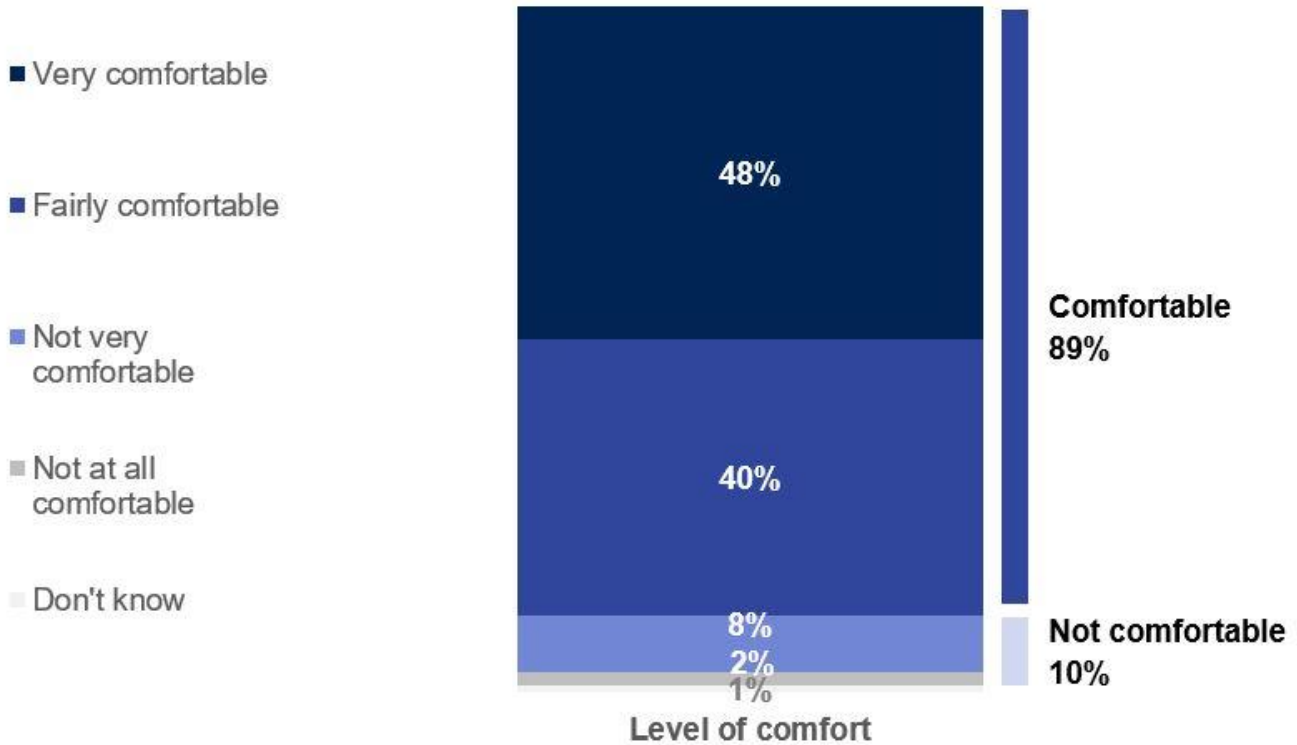
Lastly, those using an online pharmacy tend to feel less comfortable (79%) with being referred to a pharmacist to treat a minor illness, than those using a small chain or independent pharmacy (91%) or those using a large or medium chain pharmacy (89%).

## 7.3 Level of comfort being given prescription without needing to go to a GP practice

The majority of the public (89%) say they would be comfortable with being given antibiotics by the pharmacist without needing to see their GP for a prescription first. Only one in ten (10%) say they would not feel comfortable.



**Figure 7.3: Q24. Imagine you have an insect bite that you are worried about so you call NHS 111. NHS 111 advises you to go to a community pharmacy to get some advice. The pharmacist examines the bite and explains that it is infected. To treat the infection, they say that you need antibiotics and they can give them to you without needing to go to your GP practice for a prescription. How comfortable, if at all, would you feel with a pharmacist giving you antibiotics in this scenario?**



Base: All respondents living in England (n=2082). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

Groups who would feel less comfortable with the concept of being given antibiotics by the pharmacist include:

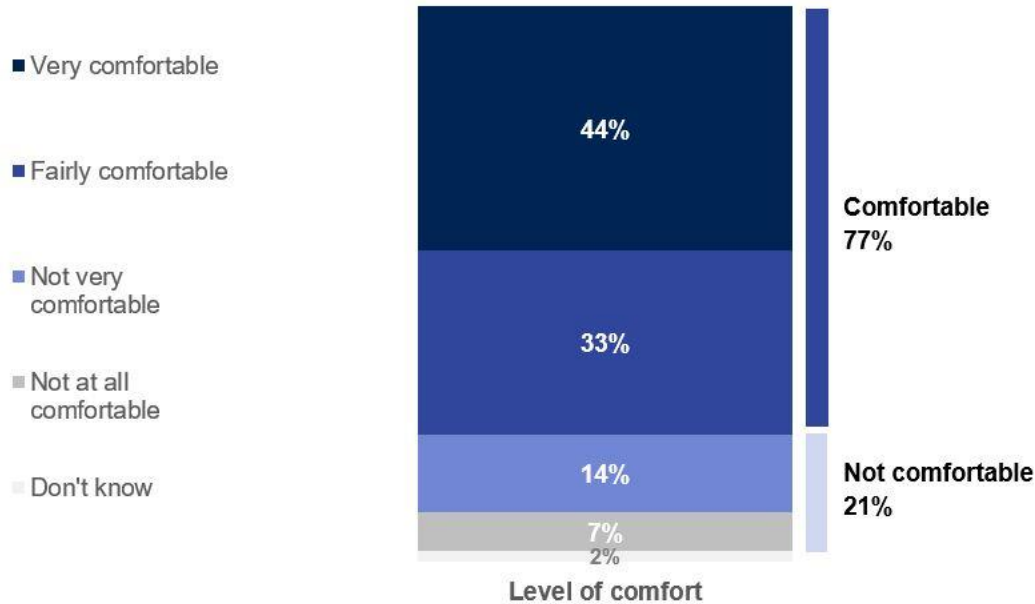
- People from ethnic minority backgrounds (77% say they would feel comfortable, compared to 91% of those from White ethnic backgrounds)
- Those aged 16 to 24 (80% say they would feel comfortable, compared to 92% of 65 to 74 year olds)
- Those without any formal qualifications (80% would feel comfortable, compared to 89% overall)

### 7.4 Level of comfort being referred to cancer services by a pharmacist

Compared to other ideas tested, the public is less comfortable with being referred to cancer services directly by a pharmacist. However, still a majority of respondents (77%) say they would feel comfortable with a pharmacist referring them directly into cancer services, without seeing a GP first. One in five would not be comfortable with this approach (21%).



**Figure 7.4: Q25. Imagine you have visited a pharmacy multiple times over a few weeks to buy medicine for constipation. The pharmacist suggests it might be worth getting checked out for cancer and offers to refer you directly into hospital cancer services for tests. How comfortable, if at all, would you feel with a pharmacist referring you directly into cancer services?**



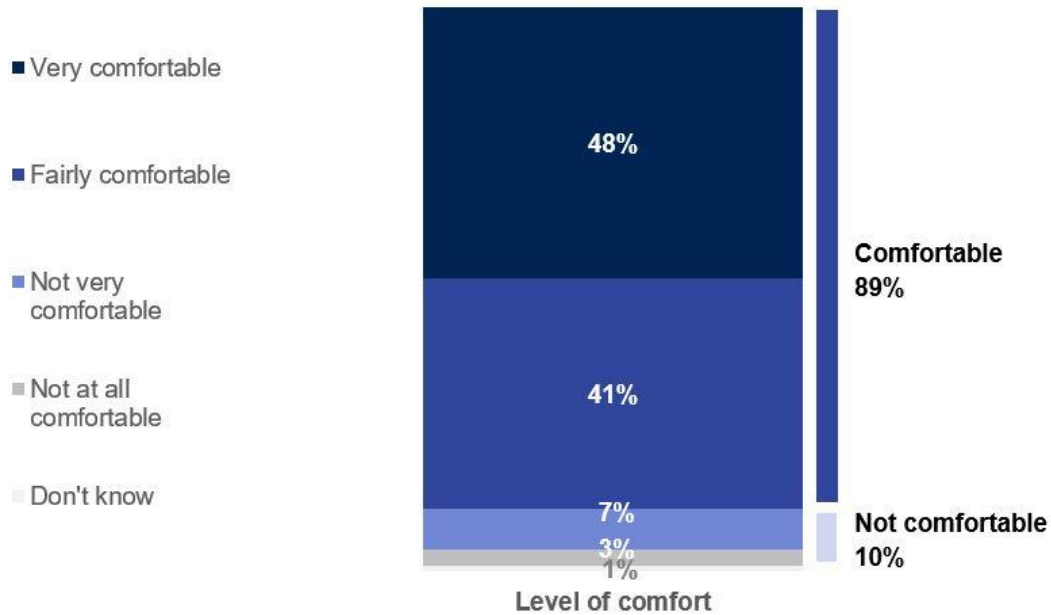
Base: All respondents living in England (n=2082). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

Current or former smokers, those who use different pharmacies, and parents with a child in the household are less comfortable with this service, (23%, 25%, and 26% respectively say they would not be comfortable, compared to 21% overall).

### 7.5 Level of comfort with a pharmacist offering to talk people through how to manage a new medicine

The vast majority of the public (89%) say they would be comfortable with a pharmacist offering to talk them through how to manage a new long-term medicine. Only one in ten would not feel comfortable with that scenario (10%).

**Figure 7.5: Q26. Imagine that a GP has started you on medicine for a long-term condition such as asthma or high blood pressure. The pharmacist offers to talk you through the new medicine and how to manage it. How comfortable, if at all, would you feel with the pharmacist offering this service?**



Base: All respondents living in England (n=2082). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

Out of all age groups, those aged 16 to 24 are least likely to say that they would feel comfortable with a pharmacist offering to talk them through a new long-term medicine prescribed by the GP (79% would be comfortable, compared to 89% overall).

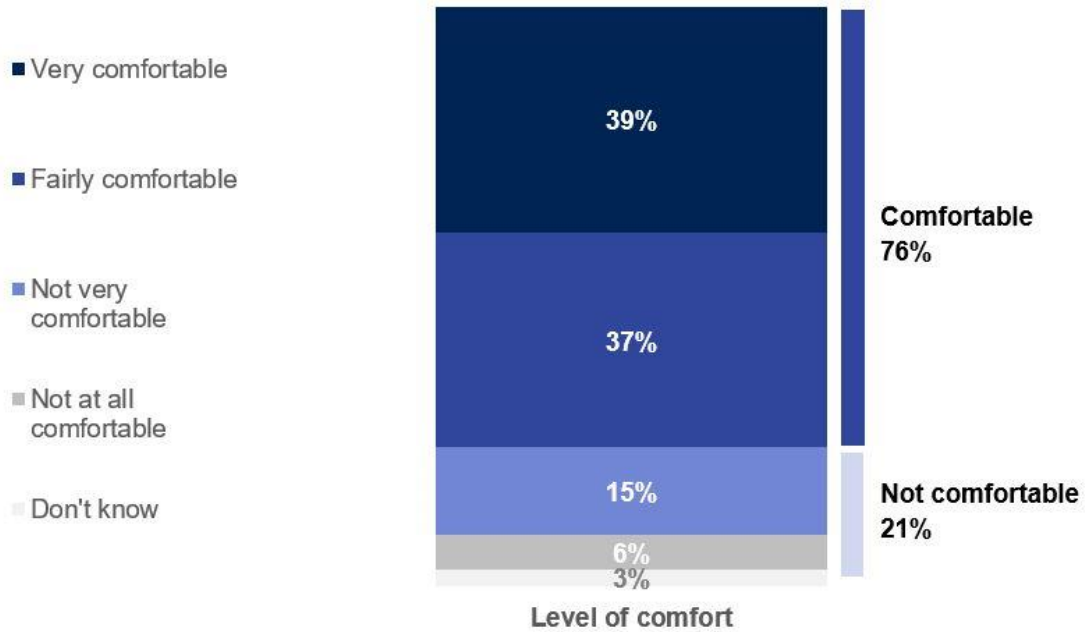
Similarly, only 77% of those from ethnic minority backgrounds say they would be comfortable with this scenario, compared to 91% of people from White ethnic backgrounds.

Those using an online pharmacy are twice as likely as the general public to say that they would not be comfortable with this, at 20% compared to only eight per cent of those using a small chain or independent pharmacy.

### 7.6 Level of comfort with a pharmacist offering to talk people through how to manage anti-depressants

Compared to other suggested services, the public are less comfortable with the pharmacist talking them through new anti-depressant medication and how to manage it. Although still a majority (76%) indicate that they would be comfortable with a pharmacist talking them through their new anti-depressant medicine, 21% would not feel comfortable with this scenario. This is in contrast with the public’s general approval of the pharmacists talking them through long-term medication, where 89% were comfortable. This indicates that anti-depressants are seen differently to medication for other long-term conditions such as asthma or high blood pressure.

**Figure 7.6: Q27. Imagine that a GP has started you on anti-depressant medicine to help you with your mental health. The pharmacist offers to talk you through the new medicine and how to manage it. How comfortable, if at all, would you feel with the pharmacist offering this service?**



Base: All respondents living in England (n=2082). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

Gender plays a role in the attitudes to this scenario. Men would be less comfortable with the pharmacist talking them through how to manage anti-depressants compared to women (24% say they would not feel comfortable, compared to 18% of women).

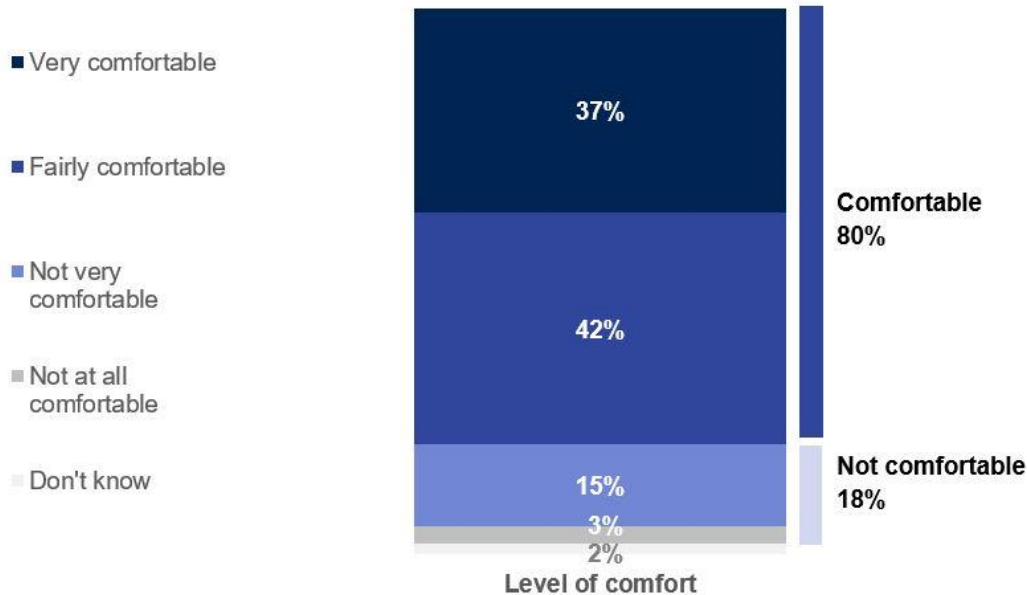
Similarly, those from ethnic minority backgrounds are less comfortable with the pharmacist talking them through how to manage anti-depressants than those from White ethnic backgrounds (67% say they would be comfortable, compared to 78%).

Those using a pharmacy attached to a GP practice were also less likely to say that they would feel comfortable with the above, at 71% compared to 76% of the general public.

### 7.7 Level of comfort with pharmacist changing medicine

Four in five (80%) indicate that they would be comfortable with pharmacists changing and managing their medication for high blood pressure and its strength. Almost one in five say they would not be comfortable with that (18%). Of all the new services asked about, levels of comfort with this service are one of the most consistent, with people across different smoking habits, types of pharmacy used, caring and disability status, as well as deprivation quintile, urbanity, region and gender feeling equally comfortable.

**Figure 7.7: Q28. Imagine that a GP has started you on medicine for high blood pressure. As part of your ongoing care, the GP refers you to a community pharmacy to check that you have been given the right dose and medicine to keep your blood pressure in a healthy range and manage side effects. Where needed the pharmacist could give you the medicine at a different strength, or a different medication, and then send a message back to your GP practice to update your records. How comfortable, if at all, would you feel with a pharmacist managing your medicine in this scenario?**



Base: All respondents living in England (n=2082). Survey conducted via Ipsos KnowledgePanel. Fieldwork 15<sup>th</sup> – 21<sup>st</sup> June 2023.

Those aged 16 to 24 are significantly less likely to say that they would feel comfortable with a pharmacist managing and changing their high blood pressure medication than any other age group, with only two-thirds of this age group (66%) feeling comfortable, compared to 80% of the general public.

This sentiment was echoed by those from ethnic minority backgrounds, where only seven in ten (70%) say they would be comfortable with a pharmacist managing or changing their medication, compared to 81% of those from White ethnic backgrounds.

## 7.8 Chapter summary

- The majority of people in England are comfortable with pharmacists playing extended roles, such as aiding in smoking cessation, providing advice about minor illnesses, providing antibiotics and managing long-term medication. Younger people and those from ethnic minority backgrounds tend to express less comfort with these expanded pharmacy services.
- Whilst the majority of the public would feel comfortable with pharmacy staff managing and talking them through their mental health medication, the level of comfort with this service is lower compared to others. Men and individuals from ethnic minority backgrounds were most uncomfortable with this scenario.
- Overall, there is widespread support for expanded pharmacy services. Still, some services are slightly less endorsed, in particular those typically managed by GPs or relating to more serious conditions or mental health conditions.

## 8. Conclusions

Pharmacy users in England continue to report a positive experience when visiting a pharmacy. The majority are content that they are able to get what they need, are treated with respect and dealt within a timely manner. However, although satisfaction with these services is still high, it has seen a decline since last year – pharmacy users are less satisfied in areas of privacy, the time allowed to speak with pharmacy staff, the ability to what they needed and the timeliness of the service. This was particularly the case for those that need pharmacists the most, such as carers, those with a disability and those from an ethnic minority background, who are less likely to be satisfied with the service.

Despite these declines, there is still a strong base to develop new pharmacy services and this is seen in levels of satisfaction and comfort with pharmacists. There is widespread support for expanding the services offered by a pharmacist. For example, the public say that they are satisfied with the quality of advice given by pharmacists, and the majority would feel comfortable with community pharmacies offering all of the new services asked about (referrals from NHS services for support to stop smoking, referrals from GP practices to community pharmacies, referrals for suspected cancer, pharmacists providing antibiotics without a prescription, pharmacists explaining new medicines to patients and helping them to manage it, and pharmacists actively managing patients' medicine and dosage).

However, there is more of a sense of apprehension for services that are typically provided by a GP or relate to more serious conditions or mental health conditions. Fewer people say they would be comfortable with a pharmacist providing a referral to a cancer service or managing anti-depressants (albeit still a majority would feel comfortable). Men, younger people and those from ethnic minority backgrounds are consistently less likely to feel comfortable with these new services. This suggests that there is still some room to improve levels of comfort for these groups.

This does not necessarily mean that the public do not think that pharmacists should provide these services. People are increasingly open to using pharmacies for services other than just collecting prescriptions. Even since last year, there is has been an increase in the proportion of the public saying they would visit a pharmacy for advice on medicine or minor conditions.

Therefore, additional focus should be placed on trying to engage the groups that are currently less satisfied with the service received, including carers, those with a disability and those from an ethnic minority background. This, in turn, could assist with improving their levels of comfort with the new services that could be offered by pharmacists in the future.

Furthermore, when asked about the services that pharmacies should offer, the public have an increasing expectation about the range of services. For example, the public are more likely to think pharmacies should check blood pressure and provide flu vaccines than last year. As community pharmacies will continue to play a bigger role in providing care, this increased expectation should be capitalised on.

Encouragingly, pharmacy closures are not having a widespread effect. Only a small proportion of people have had a pharmacy they have used in the last 12 months close. However, among those that have been forced to select a new pharmacy as result, their experience is generally more negative. They report that the new pharmacy is harder to get to and has worse opening hours and service.

## 9. Our standards and accreditations

Ipsos' standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a "right first time" approach throughout our organisation.



### ISO 20252

This is the international market research specific standard that supersedes BS 7911/MRQSA and incorporates IQCS (Interviewer Quality Control Scheme). It covers the five stages of a Market Research project. Ipsos was the first company in the world to gain this accreditation.



### Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos endorses and supports the core MRS brand values of professionalism, research excellence and business effectiveness, and commits to comply with the MRS Code of Conduct throughout the organisation. We were the first company to sign up to the requirements and self-regulation of the MRS Code. More than 350 companies have followed our lead.



### ISO 9001

This is the international general company standard with a focus on continual improvement through quality management systems. In 1994, we became one of the early adopters of the ISO 9001 business standard.



### ISO 27001

This is the international standard for information security, designed to ensure the selection of adequate and proportionate security controls. Ipsos was the first research company in the UK to be awarded this in August 2008.



### The UK General Data Protection Regulation (GDPR) and the UK Data Protection Act (DPA) 2018

Ipsos is required to comply with the UK GDPR and the UK DPA. It covers the processing of personal data and the protection of privacy.



### HMG Cyber Essentials

This is a government-backed scheme and a key deliverable of the UK's National Cyber Security Programme. Ipsos was assessment-validated for Cyber Essentials certification in 2016. Cyber Essentials defines a set of controls which, when properly implemented, provide organisations with basic protection from the most prevalent forms of threat coming from the internet.



### Fair Data

Ipsos is signed up as a "Fair Data" company, agreeing to adhere to 10 core principles. The principles support and complement other standards such as ISOs, and the requirements of Data Protection legislation.

# 10. Appendix

Below is a copy of the questionnaire asked.

These questions are about where you might go to access health services and for health information and advice. We are asking the questions on behalf of NHS England (NHSE) and your responses will be shared with NHSE (including ethnicity).

ASK ALL  
SINGLE CODE

Q1

**Which of the following best describes your smoking habits?**

**We are only asking this question to make sure that later questions in this survey are relevant to you.**

Please select one option only

REVERSE SCALE FOR HALF OF RESPONDENTS

1. Never smoked
2. Former smoker
3. Occasional smoker
4. Regular smoker

999. Prefer not to say [FIX]

ASK ALL  
MULTI CODE FOR EACH STATEMENT A-I

Q2.

**Who or which organisation, if any, would you go to if you wished to...?**

Please select all that apply

RANDOMISE STATEMENTS A-I,

- A. Get a flu vaccine
- B. Get a covid vaccine
- C. Get information and advice on medicines
- D. Get information and advice about a minor condition such as a sore throat or earache
- E. Get information or advice about a long-term condition
- F. Get your blood pressure checked

ASK ALL CURRENT, OCCASIONAL AND FORMER SMOKERS (CODES 2-4 AT Q1)

- G. Get information and support to stop smoking

ASK FEMALES ONLY AGED 18-55 ONLY.

- H. Get information and advice about contraception

ASK FEMALES ONLY AGED 40+ ONLY.

- I. Get information and advice about the menopause

RANDOMISE OPTIONS 1-13 THOUGH 6 AND 7 ALWAYS SHOWN TOGETHER IN THAT ORDER

1. Your GP practice
2. Pharmacy
3. NHS walk-in centre
4. Sexual health or contraception service SHOW FOR STATEMENT H AND I ONLY
5. NHS 111 (telephone or online)
6. NHS website SHOW FOR STATEMENTS C,D,E,G,H AND I ONLY
7. Other internet source (not the NHS website) SHOW FOR STATEMENTS C,D,E,G,H AND I ONLY  
[ALWAYS FOLLOW CODE 6]
8. Friends/family SHOW FOR STATEMENTS C,D,E,G,H AND I ONLY
9. A&E
10. Hospital
11. Through work/employer
12. Would do it myself SHOW FOR STATEMENT G ONLY EXCLUSIVE
13. Vaccination centre SHOW FOR STATEMENT B ONLY



- 14. Other healthcare professional [FIX]
- 15. Other (please specify) [FIX]
- 16. Nobody / I would not look for information about this issue / This is not relevant to me [FIX, EXCLUSIVE]

998. Don't know [FIX, EXCLUSIVE]

#### NEW SCREEN

We would now like to ask you some questions about the services that community pharmacies offer and what you use your community pharmacy for. To clarify, a community pharmacy may include independent chemists, high street pharmacy chains, or a pharmacy located in a supermarket.

#### ASK ALL SINGLE CODE

##### Q3.

**Approximately how often, if at all, have you contacted or visited a community pharmacy in the last year, either for yourself or someone you care for (including any children you have)?**

Please select one option only

**REVERSE SCALE 1-4 FOR HALF OF RESPONDENTS.**

- 1. At least a few times a month
- 2. Once a month
- 3. Every 2-3 months
- 4. Once or twice in the last year
- 5. I do not normally contact or visit a community pharmacy [FIX]

998. Don't know [FIX]



ASK ALL WHO HAVE CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR (CODES 1-4 AT Q3)

SINGLE CODE.

**Q5B.**

**Thinking about all of the community pharmacies you have used in the last year, as far as you know, have any of them closed permanently since you last used them?**

Please select one option only

1. Yes
2. No

998. Don't know [FIX]

ASK ALL WHO HAVE USED A COMMUNITY PHARMACY IN THE LAST YEAR THAT HAS CLOSED (CODE 1 AT Q5B)

SINGLE CODE

**Q5Ci**

**Have you had to choose a new regular community pharmacy because of the closure of the community pharmacy?**

Please select one option only

1. Yes
2. No

998. Don't know [FIX]

SINGLE CODE PER STATEMENT A-C

ASK ALL WHO HAVE HAD TO CHOOSE A NEW REGULAR COMMUNITY PHARMACY DUE TO CLOSURE (CODE 1 AT Q5Ci)

**Q5Cii**

**Please think about the community pharmacy you regularly use now compared with the pharmacy you used before it closed. To what extent would you say each of the following is better or worse than before, if at all?**

SINGLE CODE PER STATEMENT A-C

RANDOMISE STATEMENTS A-C

- A. The service you receive from the pharmacy
- B. How easy or difficult it is to get to the pharmacy
- C. The opening hours of the pharmacy

REVERSE SCALE 1-5 FOR HALF OF RESPONDENTS

1. Much better now than before
2. A little better now than before
3. It is no better or worse than before
4. A little worse now than before
5. Much worse now than before

998. Don't know [EXCLUSIVE]

ASK ALL WHO HAVE CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR (CODES 1-4 AT Q3)

SINGLE CODE

**Q5D.**

**Thinking about all of the community pharmacies you have used in the last year for prescription medicine, how often have you been told that the prescription medicine you needed was out of stock?**

Please select one option only

REVERSE CODES 1-4

1. Every time
2. Sometimes
3. Hardly ever
4. Never
5. Not applicable

998. Don't know

ASK ALL WHO HAVE CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR (CODES 1-4 AT Q3)

SINGLE CODE

**Q6.**

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

Please select one option only

RANDOMISE CODES 1-2.

1. One pharmacy
2. Different pharmacies

998. Don't know [FIX, EXCLUSIVE]

ASK ALL WHO HAVE CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR (CODES 1-4 AT Q3)

MULTICODE

**Q7.****Thinking about the community pharmacy you contact or visit most regularly either for yourself or someone you care for (including any children you have), which of the following, if any, best describes the community pharmacy?**

Please select all that apply

RANDOMISE CODES 1-5.

1. A large or medium sized chain pharmacy (e.g. Boots, Day Lewis, Well, Rowlands etc. or other large or medium sized chain)
2. A small chain or independent pharmacy (i.e. 5 or fewer pharmacies in the chain)
3. Attached to a GP practice
4. In a supermarket
5. An online pharmacy

998. Don't know [FIX, EXCLUSIVE]

ASK ALL WHO HAVE CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR (CODES 1-4 AT Q3)

MULTI CODE.

**Q9. Thinking about the regular community pharmacy that you use, either for yourself or someone you care for (including any children you have), which of the following services do you think they currently offer, if any?**

Please select all that apply

RANDOMISE CODES 1-17 THOUGH 6 ALWAYS TO FOLLOW 5 AND 10 ALWAYS TO FOLLOW 8 AND 9.

1. Selling medicines like paracetamol or eye drops to treat minor illness
2. Advice about medicines (prescribed medicines and medicines you can buy)
3. Information on which health services you should go to for a health problem
4. Advice about minor health problems
5. Providing medicines your doctor or nurse has prescribed
6. Prescribe medicines independently of a doctor or nurse [ALWAYS FOLLOWS CODE 5]
7. Providing travel vaccinations
8. Providing flu vaccinations
9. Providing covid vaccinations
10. Providing other NHS vaccinations [ALWAYS FOLLOW CODE 8 AND 9]
11. Checking blood pressure
12. Helping people to stop smoking
13. Advice on weight management and healthy eating
14. Providing oral contraception (such as the pill or morning after pill)
15. Providing advice about the menopause and selling over the counter medicines to treat symptoms
17. Refer people to other health services (such as a referral to see a consultant at the hospital)
18. Monitor your medication or other support if you have a long-term health condition
19. Other (please specify) FIX
20. None of these [FIX, EXCLUSIVE]

998. Don't know [FIX, EXCLUSIVE]

ASK ALL

MULTI CODE.

**Q10.****And regardless of what services you think community pharmacies currently offer, which of the following services, if any, do you think community pharmacies should offer?**

Please select all that apply

RANDOMISE CODES 1-17 THOUGH 10 ALWAYS TO FOLLOW 8 AND 9.

1. Advice about medicines (prescribed medicines and medicines you can buy)

2. Information on which health services you should go to for a health problem
3. Prescribe medicines independently of a doctor or nurse
4. Advice about minor health problems
5. Providing travel vaccinations
6. Providing flu vaccinations
7. Providing covid vaccinations
8. Providing other NHS vaccinations [ALWAYS FOLLOW CODE 6 AND 7]
9. Checking blood pressure
10. Helping people to stop smoking
11. Advice on weight management and healthy eating
12. Providing oral contraception (such as the pill or morning after pill)
13. Advice and treatment of menopause symptoms
14. Refer people to other health services (such as a referral to see a consultant at the hospital)
15. Monitor your medication or other support if you have a long-term health condition
  
18. Provide consultations so you do not need to go to a GP practice for some minor conditions requiring prescription medication
16. Other (please specify) FIX
17. None of these [FIX, EXCLUSIVE]
998. Don't know [FIX, EXCLUSIVE]

ASK ALL WHO HAVE CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR (CODES 1-4 AT Q3)  
SINGLE CODE.

**Q13.**

**Think about the community pharmacy you contact or visit most regularly for a prescription that you or someone you care for (including any children you have) need regularly such as every month. How well, if at all, does the pharmacy do at letting you know the medicine is ready?**

Please select one option only

REVERSE SCALE 1-4 FOR HALF OF RESPONDENTS

1. Very well
2. Fairly well
3. Not very well
4. Not at all well
5. Not applicable – I don't have a regular/repeat prescription and don't care for someone who has a regular/repeat prescription [FIX]

998. Don't know [FIX]

ASK ALL WHO USE A PHARMACY FOR A REGULAR PRESCRIPTION (CODES 1-4 AT Q13)  
MULTICODE.

**Q13A.**

**And how does the community pharmacy let you know the medicine is ready to collect?**

Please select all that apply

RANDOMISE CODES 1-3

1. By phone
2. By email
3. By text message
4. It doesn't let me know the medicine is ready to collect [EXCLUSIVE]

998. Don't know [FIX]

ASK ALL WHO HAVE CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR (CODES 1-4 AT Q3)  
MULTI CODE.

**Q15.**

**Thinking about the past 12 months, which of these things did you contact or visit the pharmacy for, either for yourself or someone you care for (including any children you have)?**

Please select all that apply

**RANDOMISE CODES 1-18 THOUGH 2 TO ALWAYS FOLLOW 1.**

1. To get a prescription filled/pick up a prescription
2. To get a medicine prescribed independently of a doctor or nurse [ALWAYS FOLLOWS CODE 1]
3. To buy medicine like paracetamol or eye drops
4. To buy plasters or other dressings or bandages
5. To buy non-medical items like tissues, food and drink [IF THIS IS THE ONLY CODE SELECTED GO TO Q19]
6. To get advice about medicines (prescribed medicines and medicines you can buy)
7. To get advice about a health problem or injury
8. To ask for advice about what health service you should use
9. To ask for advice and support to stop smoking [ASK ALL CURRENT, OCCASIONAL AND FORMER SMOKERS ONLY (CODES 2-4 AT Q1)]
10. To have your blood pressure checked
11. For a flu vaccine
12. For a covid vaccine
13. To get advice on weight management and healthy eating
14. To get contraceptives which do not need a prescription (e.g. morning after pill or condoms)
15. To get advice and treatment for symptoms of the menopause SCRIPTER: FOR WOMEN ONLY
16. Refer you to another health service (such as a referral to see a consultant at the hospital)
17. Monitor your medication or other support for a long-term health condition
18. To dispose of out-of-date medicines
19. Anything else (please specify) [FIX]
20. None of these [FIX, EXCLUSIVE] [IF SELECTED, ROUTE TO Q18]
21. 998. Don't know [FIX, EXCLUSIVE] [IF SELECTED, ROUTE TO Q18]

ASK ALL WHO USED A PHARMACY TO GET ADVICE ON MEDICINES/HEALTH PROBLEM/ADVICE ON HEALTH SERVICE TO USE IN THE PAST YEAR (CODE 7,8,9 AT Q15)  
SINGLE CODE.

**Q16.**

**You said that you have used a pharmacy in the last 12 months to get advice about medicines, a health problem or injury or what health service you should use. Overall, how good or poor would you say the quality of the advice was?**

Please select one option only

REVERSE SCALE 1-5 FOR HALF OF RESPONDENTS

1. Very good
2. Fairly good
3. Neither good nor poor
4. Fairly poor
5. Very poor

998. Don't know [FIX]

ASK ALL WHO HAVE CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR AND WHO DID NOT ONLY USE A PHARMACY TO BUY NON-MEDICAL ISSUES IN THE LAST YEAR AND DOES NOT SAY DON'T KNOW OR NONE OF THESE ABOUT WHAT THEY HAVE USED A PHARMACY FOR IN THE LAST YEAR (CODES 1-4 AT Q3 AND NOT CODE 6 ONLY AT Q15 AND NOT CODES 21 OR 998 AT Q15)  
MULTI CODE

**Q17.**

**And thinking about the last time you contacted or visited a community pharmacy, either for yourself or someone you care for (including any children you have), what did you contact or visit the pharmacy for?**

Please select all that apply

ONLY SHOW CODES SELECTED AT Q15. RANDOMISE ORDER CODES 1-18 THOUGH 2 TO ALWAYS FOLLOW 1.

1. To get a prescription filled/pick up a prescription
2. To get a medicine prescribed independently of a doctor or nurse
3. To buy medicine like paracetamol or eye drops
4. To buy plasters or other dressings or bandages
5. To buy non-medical items like tissues, food and drink **SCRIPTER: IF THIS IS THE ONLY CODE SELECTED AT Q17 GO TO Q19**
6. To get advice about medicines (prescribed medicines and medicines you can buy)
7. To get advice about a health problem or injury
8. To ask for advice about what health service you should use
9. To ask for advice and support to stop smoking
10. To have your blood pressure checked
11. For a flu vaccine
12. For a covid vaccine
13. To get advice on weight management and healthy eating
14. To get contraceptives which do not need a prescription (e.g. morning after pill or condoms)
15. To get advice and treatment for symptoms of the menopause **SCRIPTER: FOR WOMEN ONLY**
16. Refer you to another health service (such as a referral to see a consultant at the hospital)
17. Monitor your medication or other support for a long-term health condition
18. To dispose of out-of-date medicines
19. Anything else (please specify) [FIX]
20. None of these [FIX, EXCLUSIVE]

998. Don't know [FIX, EXCLUSIVE]

### **SATISFACTION WITH PHARMACY SERVICES**

ASK ALL WHO HAVE CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR AND WHO DID NOT ONLY USE A PHARMACY TO BUY NON-MEDICAL ISSUES THE LAST TIME THEY WANT (CODES 1-4 AT Q3 AND NOT CODE 6 ONLY AT Q17)

SINGLE CODE PER STATEMENT A-G

**Q18.**

**Thinking about the last time that you contacted or visited a pharmacy, either for yourself or someone you care for (including any children you have), to what extent do you agree or disagree with each of the following statements?**

Please select one option only

#### RANDOMISE STATEMENTS A-G

- A. You were given the information or advice you needed by the pharmacy staff
- B. Your privacy was maintained during your discussion with pharmacy staff
- C. You were given enough time to speak with someone at the pharmacy
- D. You were treated with respect by the pharmacy staff
- E. The pharmacy facilities were clean and well maintained
- F. You were able to get what you needed
- G. You were dealt with in a timely manner

#### REVERSE SCALE 1-5 FOR HALF OF RESPONDENTS

1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
6. Not applicable [FIX]

998. Don't know [FIX]

#### NEXT SCREEN

Community pharmacists are experts in medicine and offer advice about health conditions. They can work in hospitals or as part of other healthcare teams.

Each community pharmacy has a qualified pharmacist. However, the person you speak to at the counter may not be a pharmacist; they may be a pharmacy technician or other member of staff who help the pharmacist with their work. Community pharmacies in England offer a wide range of services to the public. This can include managing and providing advice about medicines, flu vaccination and contraception services.

The NHS is now piloting new services which pharmacies could provide in the future.

We would like to ask you how you would feel about these new services. Some of these questions may be sensitive and you do not have to provide an answer if you do not want to.

#### NEXT SCREEN

#### ASK REGULAR, OCCASIONAL AND FORMER SMOKERS ONLY (CODES 2-4 at Q1) SINGLE CODE.

**Imagine you have used an NHS service and the healthcare professional refers you to a community pharmacy of your choice, for regular support to help you stop smoking.**

**Q19. How comfortable, if at all, would you feel being referred by an NHS service to a community pharmacy for regular support to stop smoking?**

Please select one option only

#### REVERSE SCALE 1-4 FOR HALF OF RESPONDENTS

1. Very comfortable
2. Fairly comfortable
3. Not very comfortable
4. Not at all comfortable

998. Don't know [FIX]

999. Prefer not to say [FIX]

#### NEXT SCREEN

#### ASK ALL

#### SINGLE CODE.

#### Q20.

**Imagine you have an earache and you call your GP practice for an appointment. After you have spoken to the receptionist, they say you can see a community pharmacist instead and they organise an appointment for you on the same day. In this scenario...**

**How comfortable, if at all, would you feel being referred to a community pharmacy to treat a minor illness such as an earache?**

Please select one option only

#### REVERSE SCALE 1-4 FOR HALF OF RESPONDENTS

1. Very comfortable
2. Fairly comfortable
3. Not very comfortable
4. Not at all comfortable

998. Don't know [FIX]

999. Prefer not to say [FIX]

#### SINGLE CODE

**Q24. Imagine you have an insect bite that you are worried about so you call NHS 111. NHS 111 advises you to go to a community pharmacy to get some advice. The pharmacist examines the bite and explains that it is infected. To treat the infection, they say that you need antibiotics and they can give them to you without needing to go to your GP practice for a prescription.**

**How comfortable, if at all, would you feel with a pharmacist giving you antibiotics in this scenario?**

REVERSE SCALE 1-4 FOR HALF OF SAMPLE.

1. Very comfortable
2. Fairly comfortable
3. Not very comfortable
4. Not at all comfortable

998. Don't know [FIX]

999. Prefer not to say [FIX]

#### ASK ALL

#### SINGLE CODE

**Q25. Imagine you have visited a pharmacy multiple times over a few weeks to buy medicine for constipation. The pharmacist suggests it might be worth getting checked out for cancer and offers to refer you directly into hospital cancer services for tests.**

**How comfortable, if at all, would you feel with a pharmacist referring you directly into cancer services?**

REVERSE SCALE FOR HALF OF SAMPLE.

1. Very comfortable
2. Fairly comfortable
3. Not very comfortable
4. Not at all comfortable

998. Don't know [FIX]

999. Prefer not to say [FIX]

ALTERNATE SO HALF OF RESPONDENTS SEE Q26 FIRST AND THE OTHER HALF SEE Q27 FIRST

#### ASK ALL

#### SINGLE CODE

#### Q26.

**Imagine that a GP has started you on medicine for a long-term condition such as asthma or high blood pressure. The pharmacist offers to talk you through the new medicine and how to manage it.**

**How comfortable, if at all, would you feel with the pharmacist offering this service?**

REVERSE SCALE FOR HALF OF SAMPLE.

1. Very comfortable
2. Fairly comfortable
3. Not very comfortable
4. Not at all comfortable

998. Don't know [FIX]

999. Prefer not to say [FIX]

#### ASK ALL

#### SINGLE CODE

#### Q27.

**Imagine that a GP has started you on anti-depressant medicine to help you with your mental health. The pharmacist offers to talk you through the new medicine and how to manage it.**

**How comfortable, if at all, would you feel with the pharmacist offering this service?**

REVERSE SCALE FOR HALF OF SAMPLE.

1. Very comfortable
2. Fairly comfortable
3. Not very comfortable
4. Not at all comfortable

998. Don't know [FIX]

999. Prefer not to say [FIX]

#### ASK ALL



**SINGLE CODE**

**Q28. Imagine that a GP has started you on medicine for high blood pressure. As part of your ongoing care, the GP refers you to a community pharmacy to check that you have been given the right dose and medicine to keep your blood pressure in a healthy range and manage side effects. Where needed the pharmacist could give you the medicine at a different strength, or a different medication, and then send a message back to your GP practice to update your records.**

**How comfortable, if at all, would you feel with a pharmacist managing your medicine in this scenario?**

**REVERSE SCALE FOR HALF OF SAMPLE.**

1. Very comfortable
2. Fairly comfortable
3. Not very comfortable
4. Not at all comfortable

998. Don't know [FIX]

999. Prefer not to say [FIX]



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