



Using Community Pharmacy Services

Survey results and
interview reviews

February 2024

healthwatch
Central Bedfordshire

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Introduction

Community Pharmacies (CP) are one of the four pillars of primary care services in England. Alongside GPs, Dentists, and Opticians, Pharmacies are designed to be one of the easiest and quickest ways to access non-urgent healthcare and advice.

Due to the rising pressures on GP services and the 'Fuller Stocktake report'¹ published in May 2022, and subject to consultation, NHS England developed a 'Pharmacy First'² (PF) model where a Pharmacy will be the first port of call for minor ailments and illnesses, designed to play a key role in supporting self-care, self-management, urgent care, and striving to make better use of Community Pharmacies.

The Pharmacy First scheme was launched by the government and NHS England on 31st January 2024 to give patients quick and accessible care, and ease pressure on GP services by embedding Community Pharmacy into the NHS, giving them an increased role in health promotion and in optimising the use of medicines. Patients can now get treatment for seven common conditions directly from their local Pharmacy, without the need for a GP appointment or prescription.

This new phase will see:

- ◆ The expansion of funding for blood pressure checks to help identify the 5.5 million people with undiagnosed blood pressure at risk of heart attack and stroke.
- ◆ More funding to support the introduction of initiation of contraception in Community Pharmacies and supporting women to have easier access.

- ◆ The introduction of Pharmacy First which will help Pharmacies support their communities in staying well and their local systems to meet the needs of their populations.

The clinical pathways element of Pharmacy First will enable Pharmacists to offer advice to patients and supply NHS medicines (including some prescription-only medicines under patient group directions), where clinically appropriate, to treat seven common health conditions:

- ◆ sinusitis
- ◆ sore throat
- ◆ earache
- ◆ infected insect bite
- ◆ impetigo
- ◆ shingles
- ◆ uncomplicated urinary tract infections in women

Community Pharmacy systems will need to continue to adapt, evaluate and learn as these changes are already under way; by 2026 all newly registered Pharmacists will be independent prescribers.

The Community Pharmacy Contractual Framework

The Community Pharmacy Contractual Framework (CPCF) supports the NHS Long Term Plan and is currently in its fourth year of a five-year deal. It works towards better integration of Pharmacies into NHS Primary care and urgent care pathways.

¹ NHS England » Launch of NHS Pharmacy First advanced service. Available at: <https://www.england.nhs.uk/long-read/launch-of-nhs-pharmacy-first-advanced-service/#:~:text=To%20streamline%20and%20improve%20workflow,one%20click%20of%20a%20button.>

² NHS Long Term Plan v1.2 August 2019. Available at: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

As the first point of contact for many patients it will support minor illnesses, help to address health inequalities, be integral to the delivery of self-care and the avoidance of ill health. The CPCF also supports the demand on general practice, urgent care, and values Pharmacists as respected clinicians.

The CPCF identifies three main categories of pharmaceutical services which are as follows:

- 1. Essential:** services offered by all Pharmacy contractors as part of the CPCF also known as the 'Pharmacy Contract'. Examples include the dispensing of medicine and disposal of medical waste.
- 2. Advanced:** Eight CPCF services within the NHS. For example, the flu vaccination and the Pharmacy Contraception Service.
- 3. National Enhanced Service:** A service commissioned by NHS England and Improvement (NHSE/I) with a specification that sets standards nationally. Allows for the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme e.g. the Covid vaccination programme.

Should a service not be commissioned by NHSE/I, it is addressed and funded by Local Commissioned Services such as the Local Authority. The Smoking Cessation and Sexual Health Services are examples of services commissioned by Central Bedfordshire Council.

Central Bedfordshire Community Pharmacy came under the remit of BLMK Integrated Care Board (ICB) from July 2023, and the current context places a strong emphasis on Community Pharmacy further embedding within health and social care and playing a greater role in '*Developing a fully integrated community-based health care system*'.



Healthwatch and the Patient Experience of Pharmacy

Healthwatch England (HWE) have also had impact in putting the spotlight on patients' experience of pharmacy³. On 16th January, the Head of Policy, Public Affairs and Research for Healthwatch England, gave evidence in person to the House of Commons Health and Social Care Committee as part of its inquiry into the future of pharmacy services. During the presentation the Head of Policy was able to set out HW England's key asks on the 'three Cs':

- 1. Confidence** in core services, which was currently being eroded by staff and medication shortages and permanent and temporary closures.
- 2. Culture change** required to make the public aware of, and willing to accept, the new Pharmacy First scheme launching next month, which will see patients able to get prescription-only medicines directly from Pharmacists instead of GPs for seven common conditions.
- 3. Cost-of-living pressures**, that were affecting people's ability to afford prescription and over-the-counter medication, the need for greater awareness of money-saving prepayment certificates (PPC). A call to review the unfair medical exemption system which benefits some people and not others living with long-term conditions.

³ Healthwatch appears before MPs to give evidence on pharmacy. Available at: <https://healthwatch-centralbedfordshire.org.uk/healthwatch-appears-before-mps-to-give-evidence-on-pharmacy>.

The evidence was supported by a case study from Healthwatch Richmond on the recent closure of two Boots branches. HWE also trailed some new national polling data on people's views of the Pharmacy First scheme. Full findings from this poll, and interviews that were commissioned from local Healthwatch with patients and Pharmacists, will feature in a Pharmacy Report from Healthwatch England in March 2024.

Research has also been undertaken in this area by local Healthwatch including Healthwatch Devon, Plymouth and Torbay⁴ and Healthwatch Norfolk⁵.

Central Bedfordshire Council Pharmaceutical Needs Consultation 2022

Central Bedfordshire Council's 'Draft Pharmaceutical Needs Assessment 2022'⁶ prepared by Central Bedfordshire's Health and Wellbeing Board produced the following information and made key recommendations:

- ◆ The population of Central Bedfordshire was estimated to be 294,000 in 2020, with a projected population growth of around 18,500 (6.3%).
- ◆ Housing growth of around 11,506 new households between 2022 and 2023 compared with England (10% and 7% respectively).
- ◆ There are 40 Community Pharmacy (as of March 2022). An average of 13.9 Community Pharmacy per 100,000 population, compared with 20.5 per 100,000 in England.
- ◆ Central Bedfordshire has 11 dispensing GP practices providing pharmaceutical services. Combined average of 17.3 'dispensaries' per 100,000 population.

- ◆ Central Bedfordshire is adequately served with Community Pharmacy, but the number was lower than the East of England and national averages at the time of the report.
- ◆ No gaps have been identified in 'Essential Services'.

The Smoking Cessation Advanced Service commenced on 10th March 2022 and has been put into place in four out of the forty Pharmacies across Central Bedfordshire, although there is none in the West Mid Beds locality. However, access to the Stop Smoking service provided by Public Health is available across the area.



There were currently two Enhanced Services as of 2022; one being the delivery of the COVID-19 vaccination service through two Pharmacies in Central Bedfordshire and the other being coverage on Easter Sunday and Christmas Day to ensure there are Pharmacies open on these days to allow access to medication if required.

⁴ Patient Experiences of Pharmacy Services. Available at: <https://healthwatchdevon.co.uk/report/patient-experiences-of-pharmacy-services/>

⁵ How Norfolk Pharmacies are working for you June 2023. Available at: <https://healthwatchnorfolk.co.uk/report/norfolk-pharmacy-feedback-june-2023/>

⁶ Central Bedfordshire Council's 'Draft Pharmaceutical Needs Assessment 2022'. Available at https://www.centralbedfordshire.gov.uk/info/38/consultations/1182/pharmaceutical_needs_consultation_2022

The following five services are locally commissioned in Central Bedfordshire by the local authority or the ICB:

1. Sexual health
2. Stop smoking
3. Supervised consumption
4. Needle exchange
5. End of life medicines

Therefore, a need was identified by Central Bedfordshire Council for further Locally Commissioned Services.

HWCB survey development

Following the announcement of a 'Pharmacy First' model in November 2023, as the local consumer champion, Healthwatch Central Bedfordshire (HWCB) were interested in how local residents currently use Pharmacy services, and whether they would utilise their

local Pharmacy more if they were aware of additional services that a Pharmacist offers, and/or if they would prefer to speak to a Pharmacist rather than visiting their GP surgery. We were also interested to hear of any improvements, advice or other services local residents would like to access at their local Pharmacy, and for them to rate their overall Pharmacy experience.

HWCB developed a survey to understand public attitudes and views with the aim of creating an understanding and awareness of the range of services Pharmacies currently provide. We also interviewed two local Pharmacists to learn more about their views regarding the recent changes to Pharmacy services and the challenges, benefits and impact these changes may have, and how the new model may be implemented and incorporated into their Pharmacy.





Methodology

Research by HWCB aimed to fill a gap in information on how people access Central Bedfordshire's Pharmacy services. It also addresses Pharmacist's concerns for the agreed changes and potential effect on their Pharmacy.

A snapshot survey was developed to gain a better understanding of public attitudes and views, and reasons for using or not using, their local Pharmacy. With the motivation of creating an understanding and awareness of the range of services Pharmacies currently provide and public awareness and access of those services.

The survey was widely promoted via our website, weekly Ebulletins, Newsletter, and directly circulated via social media, and HWCB's mailing list. Hard copies were distributed at outreach events and activities over an eight-week period between October and November 2023.

Copies of the survey were also sent to local Pharmacists and shared with key stakeholders, including local community and voluntary organisations, to distribute and promote. A full copy of the Pharmacy survey questions can be found in Appendix A.

In addition, HWCB staff met with the Chief Officer of the Community Pharmacy BLMK & Northants (formerly the Local Pharmaceutical Committee) who introduced two Pharmacists who were willing to be interviewed as part of the project. Interviews were undertaken to understand the concerns and challenges Pharmacists have, the benefits of their current service model and the impact of the new model on customers and Pharmacy staff. Both interviews were undertaken in November 2023 with one held in-person, and the other held via Microsoft Teams.





Executive Summary

Background

NHS England has developed a 'Pharmacy First' (PF) model which will see patients able to get prescription-only medicines directly from Pharmacists instead of GPs for seven common conditions, and for Pharmacies to be the first port of call for minor ailments and illnesses. These changes will take place in Community Pharmacy (CP), and it is predicted that by 2026, all newly listed Pharmacies will be independent prescribers. The Community Pharmacy Contractual Framework (CPCF) supports the NHS Long Term Plan for Pharmacies and is currently in its fourth year of a five-year deal. Healthwatch England (HWE) have already engaged in research to put the spotlight on patients' experience of Pharmacy services.

Central Bedfordshire Community Pharmacy Services came under the remit of Bedfordshire, Luton, and Milton Keynes (BLMK) Integrated Care Board (ICB) from July 2023. The current context places a strong emphasis on Community Pharmacy further embedding within health and social care to play a greater role in **'developing a fully integrated community-based health care system'**. Central Bedfordshire Council's 'Draft Pharmaceutical Needs Assessment 2022' prepared by Central Bedfordshire's Health and Wellbeing Board produced information and made key recommendations. Consequently, a need was identified by Central Bedfordshire Council for further locally commissioned services.

Following the announcement of a Pharmacy First model in November 2023, as the local consumer champion, Healthwatch Central Bedfordshire (HWCB) were interested in how residents currently use Pharmacy services. Investigating whether they would utilise their local Pharmacy more if they were aware of additional services that a Pharmacist offers, and asked if they would prefer to speak to a Pharmacist rather than visiting their GP Surgery. They were also asked what improvements, advice or other services they would like to access at their local Pharmacy and to rate their overall Pharmacy experience.

Methodology

A snapshot survey was developed to gain a better understanding of public attitudes and views, and reasons for using or not accessing, their local Pharmacy. With the motivation of creating an understanding and awareness of the range of services Pharmacies currently provide and public awareness of those services.

Alongside the survey we interviewed two local Pharmacists to learn more about their views regarding the recent changes to Pharmacy services and the challenges, benefits, and impact they may have. We were also interested in finding out how the new model may be implemented and incorporated into their Pharmacy.



Pharmacy Survey 2023

In total **161** respondents who access Central Bedfordshire Pharmacy services completed the survey and shared their views and experiences with us. Full results of the survey can be found on pages 12 to 26.

Our results are majorly representative of the views of people from a White British background (89% or 143 of the 161 respondents), aged over 54 (76% or 122 of the 161 respondents) and living in Central Bedfordshire (93% or 150 of the 161 respondents).

Just over half of those who completed the survey told us they visited their Pharmacy monthly, with many who visited *'as and when needed'*, and most respondents used their local Pharmacy as opposed to a dispensing GP Pharmacy or online service.

We gave respondents examples of current Pharmacy services with the option to also provide their own examples, and asked them to highlight all the services they used. The most utilised service was the Prescription Service which was used by 86% or 138 of the 161 respondents. Other popular services included, the 'purchase of non-medical items' (80% or 129 of the 161 respondents), 'advice or information from their Pharmacist' (67% or 108 of the 161 respondents) and 'vaccinations' (64% or 103 of the 161 respondents).

Many people were aware of essential services provided by the Pharmacy, the most well-known being 'prescribing' (94% or 151 of the 161 respondents), 'dispensing' (86% or 138 of the 161 respondents) and the 'disposal of unwanted or out-of-date medicines' (64% or 103 of the 161 respondents). However, for all other essential services mentioned in the survey awareness was low, (under 25% or 40 of the 161 respondents).

Overall, 67% or 108 of the 161 respondents of respondents would consider using their Pharmacy before contacting other services such as their GP or calling NHS 111. Although, interestingly, 44% or 71 of the 161 respondents never used their Pharmacy to provide advice on a current health problem or long-term health condition.

Equally as relevant, the majority of people who completed the survey (75% or 121 of the 161 respondents) never used their Pharmacy for general advice on 'leading a healthier lifestyle', and when we asked respondents how well they thought their Pharmacy provided advice on health services, or effectively signposted to other services, over half of respondents had never used this service (62% or 100 of the 161 respondents).

When asked to rate their overall experience of visiting their Pharmacy, half of respondents (50% or 80 of the 161 respondents) said their experience was 'very good', just over a third said it was 'good' (34% or 55 of the 161 respondents) and 14% or 22 of the 161 respondents said it was 'neither bad nor good'. Feedback received about the quality of customer service at their local Pharmacy was mainly positive with comments including ***'friendly, helpful and efficient service'***.

One participant said:

'Like many other Pharmacies, through no fault of theirs, they are experiencing problems getting the medication from the manufacturers which cause the patients and themselves problems. If the Government are serious, and I say this because not so long ago they were talking about closing lots of the Pharmacies, overall, my local Pharmacy is excellent and gives a very good service under difficult circumstances and are to be commended'.

We felt that the survey achieved its aim of creating further awareness of all Pharmacy services, as the feedback received indicated respondents had been made aware of services previously unknown to them, due to completion of the survey. However, key findings indicate a lack of awareness around a significant number of essential services.

The public will be expected to approach Pharmacists for consultation and advice before contacting their GP, following the announced changes to Community Pharmacy services. However, this is not currently happening in 73% of the cases we surveyed in Central Bedfordshire. Better access, communication and information is therefore needed, in addition to a shift in awareness, before residents will utilise **all** of the services on offer.

Pharmacist Interviews November 2023

Two local Pharmacists were interviewed as we were interested to learn how they felt about the development of a 'Pharmacy First' model.

Although both Pharmacists had similar concerns about the model, the first Pharmacist interviewed from C & H Barton Pharmacy and Travel Clinic suggested he was well-informed of the proposed changes due to his connections with professional bodies and current involvement in pilot schemes. He explained that concern was held amongst Pharmacists around the integration of 'Pharmacy First' commenting:

'For many things in the NHS there is a postcode lottery. I think we are lucky here with the team we have in the ICB because people there can see that Pharmacies can be involved. They have championed us and done so much for us in terms of believing in us and giving us opportunities. The immunisation and vaccination services were piloted in Luton, and it is now normal. It was the people in our ICB that made it happen'.

The second Pharmacist was from Cheeseman's Pharmacy and was more cautious in the detailing of plans for a Pharmacy First model, suggesting that in his role as Chair of the Local Pharmaceutical Committee they had given feedback indicating their frustration that details of services had not been made clear.

He highlighted barriers to the uptake of services introduced through the model and highlighted funding, staff (training and recruitment), service specification and IT systems as particular issues.



However, he contended that with the new services being introduced, if they are funded properly, they should reveal the full potential of Community Pharmacy, suggesting:

'I certainly think there is a benefit not just to the Pharmacy but to the general population we are serving. Now purely because confidence in Community Pharmacy has never been so high, historically, and now if you wanted to compare. We are probably at the highest point that Community Pharmacy has been in. And the value that the public see in the Community Pharmacy is much more than ever before. So, I think we have earned the trust of patients. I think patients prefer services delivered out of the Pharmacy because of logistics and the way we deliver the service compared to a GP practice. So yes, I do see benefits for Pharmacies and patients'.

Overall, we found the two Pharmacists we spoke to had similar concerns, IT systems, staffing, resources, capacity, and the practical implementation of the new changes. They both had a positive outlook on how the new model could support a more integrated care network between Pharmacies and GPs, to ultimately improve patient care and experience.

Following analysis from feedback received from respondents who completed the survey, and interviews with two local Pharmacists, Healthwatch Central Bedfordshire developed recommendations designed to help support residents access to Pharmacy services available now and in the future. These include, but are not limited to, the promotion of 'Pharmacy First' via GP Surgeries, accessible public information about the new model, and opportunities for feedback on the patient experience to be created.

We also suggest that staff pressures should be addressed going forward, as well as the availability, accessibility, and privacy needs of patients in Pharmacies. These changes will be made possible via excellent communication between patients, GPs, and Pharmacies. For a full list of recommendations see page 36.





Full analysis of

survey results

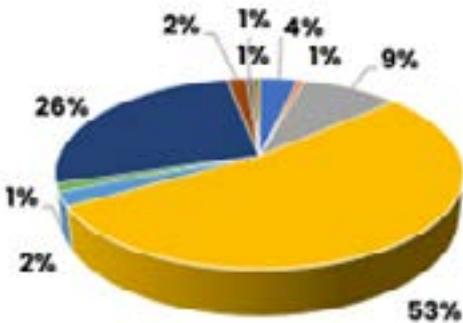
In total 161 respondents who access Central Bedfordshire Pharmacy services completed the survey and shared their views and experiences with us. The results of the survey and each question are shown below:

Question 1 - Visiting the Pharmacy

Our survey found that just over half of respondents (53% or 85 of 161 respondents) visited Pharmacies 'monthly' with some answering 'as and when needed' (26% or 42 of 161 respondents) or 'every two weeks' (9% or 14 of 161 respondents). A few (4% or 6 of 161 respondents) indicated 'once a week' or 'every two months' (2% or 3 of 161 respondents).

A smaller portion of respondents answered, 'two or three times a week' (1% or 2 of 161 respondents), 'once every three months' (1% or 2 of 161 respondents), or 'never visiting the pharmacy at all' (2% or 3 of 161 respondents). None of the respondents who answered the survey said they visited 'every day' or gave any other frequency. Some of our respondents stated they were housebound so unable to visit or had friends, relatives or Carers visit for them.

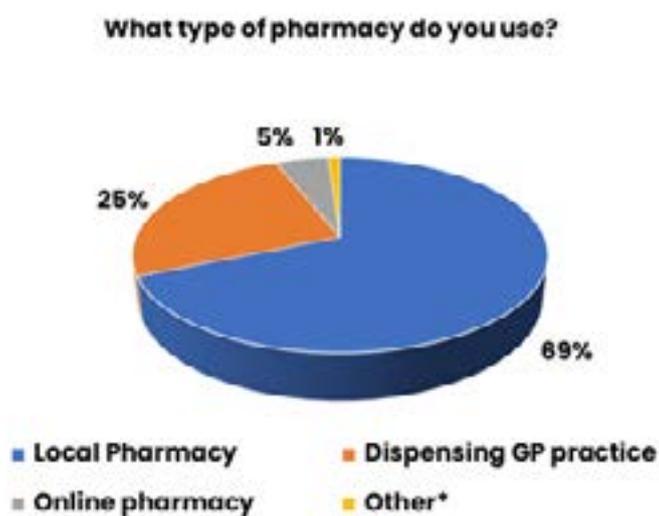
How often do you visit the pharmacy (chemist)?



- Once a week
- Every two weeks
- Every two months
- Only as and when needed
- No response
- Two or three times a week
- Once a month
- Once every three months
- Never
- Other*

Question 2 – Types of Pharmacy

Expectedly most respondents (69% or 111 of 161 respondents), use their local pharmacy (e.g. on the high street) with others using their dispensing GP practice (25% or 40 of 161 respondents) and a few used online Pharmacies (5% or 8 of 161 respondents). A couple of respondents (1% or 2 of 161 respondents) said they used another service, naming Smart Healthcare.



Question 3 – What did respondents use their Pharmacies for?

We asked respondents which services they used their Pharmacies for, and to indicate **ALL** options that applied from the following list:

- ◆ To collect prescriptions for you or someone else
- ◆ To get advice or information from a pharmacist
- ◆ Vaccinations
- ◆ To purchase over the counter medicine
- ◆ To purchase non-medical items
- ◆ For a consultation or advice on managing a condition
- ◆ None of the above
- ◆ Other (please state)

For services used the most, respondents indicated the 'prescription service' (86% or 138 of 161 respondents), and the 'purchase of non-medical items' (80% or 129 of 161 respondents). Slightly less popular was 'receiving advice or information from their Pharmacist' (67% or 108 of 161 respondents) and 'vaccinations at their pharmacy' (64% or 103 of 161 respondents). Over half of respondents said they used their Pharmacy for purchasing 'over the counter medicines' (53% or 85 of 161 respondents).

Only some (27% or 43 of 161 respondents) used their Pharmacies for a consultation or advice on managing a condition. A very small number of respondents used none of the services (2% or 3 people), and a few others gave alternative examples e.g. the delivery of prescriptions.

One participant commented: *'If I have a symptom that I'm unsure about I will visit the pharmacy before contacting my surgery'*.

Out of the 161 respondents 98% or 158 people had used at least one of the services we gave examples of and this suggests the productive use of Pharmacies for addressing symptoms.

Questions 4 & 5 – Essential Services Awareness and Use

Similarly to question 3, we asked respondents about their awareness and use of essential services Pharmacies provide. Respondents were asked to tick all options that applied to their experience.

- ◆ Dispensing medicines and/or appliances on prescriptions
- ◆ Repeat dispensing services
- ◆ Medication Review
- ◆ Discharge medicines service
- ◆ Disposal of unwanted or out-of-date medicines
- ◆ Promotion of Healthy Lifestyles
- ◆ Signposting to other sources of health and social care services
- ◆ Support for self-care
- ◆ None of the above

Question 4 – Which of these are you AWARE OF?

Of the 161 respondents 94% or 151 people were aware that Pharmacies dispense medicines and or appliances (select number of products and items required for the management of their condition) on prescription.

The majority knew about 'repeat dispensing services' (86% or 138 of 161 respondents) and over half of respondents knew about the 'disposal of unwanted or out-of-date medicines' (64% or 103 of 161 respondents). However, only a small amount of people were aware that Pharmacists can perform 'medication reviews' (25% or 40 of 161 respondents), engage in the 'promotion of healthy lifestyles' (20% or 32 of 161 respondents), 'signpost to other sources of health and social care services' (20% or 32 of 161 respondents) and / or 'support for self-care' (18% or 29 of 161 respondents). There was less knowledge about 'discharge medicine services' (7% or 11 of 161 respondents), although none of the respondents indicated they were unaware of any of these services.

Question 5 – Which of these do you USE?

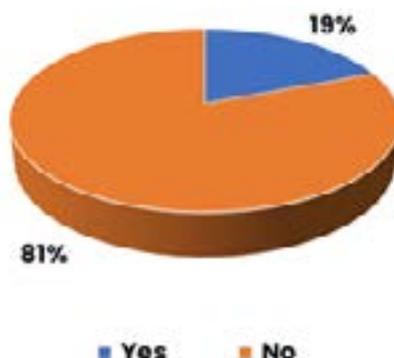
When asked which essential services respondents used, the majority (84% or 135 of 161 respondents) used 'dispensing medicines and/or appliances on prescriptions' and 'repeat dispensing services' (80% or 129 of 161 respondents). Just under half (43% or 69 of 161 respondents) used the 'disposal of unwanted or out-of-date medicines service'. With a small number of respondents (15% or 24 of 161 respondents) engaging in 'medication reviews' and (12% or 19 of 161 respondents) to 'support for self-care'.

Very few of the respondents used Pharmacies for signposting to other sources of health and social care services (5% or 8 people), or 'promotion of healthy lifestyles' (4% or 6 people), and 'discharge medicines services' (3% or 4 people). Interestingly all respondents used at least one of these services.

Question 6 – Invited for a medication review

81% or 130 out of 161 respondents told us they have never been invited for a medical review by their local pharmacist, a smaller amount said they had (19% or 31 of 161 respondents).

Have you ever been invited for a Medication Review by your local Pharmacist?



Questions 7 & 8 – Additional Services Awareness and use

To find out the awareness of additional service and use, respondents were given a list of services and asked whether they were aware of them and/or used them. They answered via ticking **ALL** that applied to them.

- | | |
|---|--|
| ◆ Appliance use review | ◆ Immediate access to specialist drugs |
| ◆ Covid-19 lateral flow test distribution | ◆ Emergency supply of prescription medicines |
| ◆ Flu and Covid-19 vaccination services | ◆ Minor Ailment Scheme |
| ◆ Hepatitis testing service | ◆ Diabetes screening test frequency |
| ◆ New Medicine | ◆ Buying over the counter medicine |
| ◆ Stop smoking service | ◆ None of the above |
| ◆ Sexual health services | ◆ Other (please state) |
| ◆ Blood pressure monitoring service | |

Question 7 – Which of these are you AWARE OF?

Most respondents were aware of 'Flu and Covid-19 vaccination services' (86% or 138 of 161 respondents) and the buying of 'over the counter medicines' (76% or 122 of 161 respondents). Just over half knew about the 'Covid-19 lateral flow test distribution' (52% or 84 of 161 respondents). Around a third were aware of the 'blood pressure monitoring service' (32% or 51 of 161 respondents), 'stop smoking service' (30% or 48 of 161 respondents) and/or 'emergency supply of prescription medicines' (25% or 40 of 161 respondents).

A few of the respondents had knowledge of 'sexual health services' (13% or 21 people), 'diabetes screening test frequency' (12% or 19 people), 'minor ailment scheme' (12% or 19 people) and 'new medicine services' (8% or 13 people).

However, only a very small amount of people were aware of the 'appliance use review' (4% or 6 people) and a slightly smaller amount indicated they knew 'none' of the services included in the survey, or the 'hepatitis testing service' (3% or 5 people). There were a couple of additional services known about, included in a survey response, one respondent said: *'The Vitamin D Test and helping people coming off drug use'*.

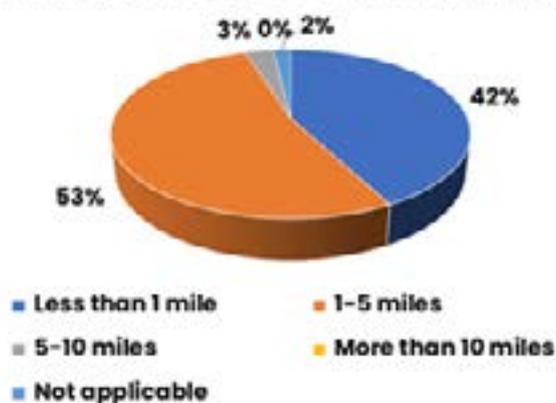
Question 8 - Which of these do you USE?

In terms of use, the majority of respondents used 'over the counter medicines' (65% or 105 of 161) and 'Flu and Covid-19 vaccination' services (60% or 97 of 161 respondents). Some used the Covid-19 lateral flow test distribution (24% or 39 of 161 respondents) and the 'new medicine service' (10% or 16 of 161 respondents). The same amount of people (9% or 14 of 161 respondents respectively) used the 'emergency supply of prescription medicines' and 'blood pressure monitoring service'. Only 7% or 11 people indicated they used 'none' of the services included, and the 'minor ailment scheme services' were used by 6% or 9 people. Very few used the 'diabetes screening test', or 'immediate access to specialist drugs' (2% or 3 people), 'appliance use review' (1% or 2 people) and 'stop smoking service' (1% or 2 people). No one stated they had used the 'hepatitis testing service', 'sexual health services' or named any other services not listed.

Questions 9 & 10 - Travel to the Pharmacy

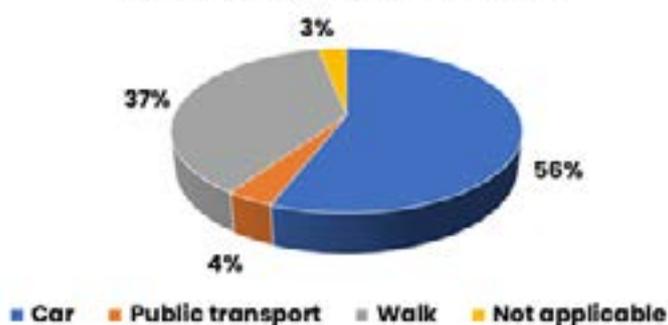
Of those surveyed, just over half of respondents indicated 1-5 miles to travel to a Pharmacy (53% or 85 of 161 respondents). Just under half had a Pharmacy less than 1 mile away (42% or 68 of 161 respondents). A few travelled 5-10 miles (3% or 5 of 161 respondents), but no respondent said they travelled more than 10 miles and 2% or 3 out of 161 respondents indicated the question was 'not applicable'.

How far do you have to travel to reach a pharmacy?



Just over half travel by car (56% or 90 of 161 respondents), with over one third walking (37% or 60 of 161 respondents) and a few used public transport (4% or 6 of 161 respondents). For a small number of respondents these questions were not applicable (3% or 5 of 161 respondents).

How do you travel to the pharmacy?



Question 11 - Pharmacy First

Respondents were asked whether they would consider using their Pharmacy before contacting other services e.g. their GP, or NHS 111, and why. The majority said 'yes' (67%), they would consider using their Pharmacy first, however, just over a third said 'no' they would not (33%).

We also asked respondents to expand on their answer and we received over 90 comments in response. We have included some of the responses below:

'I have always found the Pharmacist to be so knowledgeable and have received exemplary support and guidance. It frees up our GP's and the NHS 111 for more serious request for help'.

'Would prefer to go directly to GP. Might consider if unable to contact GP'.

'Know the pharmacist and feel comfortable talking to him'.

'My GP deals with my personal health matters. My pharmacy deals with the prescription'.

'The pharmacy is helpful in many aspects of healthcare and minor illness and quicker to contact than the GP service'.

'If the problem is something minor, I would go to the Pharmacist first'.

'It is often hard to get into the doctors for an appointment. I have used this service in the past when not urgent'.

'If it is a pulled muscle or something that is sore, I may go to a Pharmacy first to see if they can prescribe anything to help save GP time and more serious appointments can be attended to'.

'If a Pharmacist could prescribe medicine, I would do that'.

'I would rather use / consult a Pharmacist before trying to get an appointment with a local GP which won't provide appointments'.

A common theme in respondents responses was the difficulty in accessing their surgery or securing an appointment with their GP which meant they were more inclined to use their local Pharmacy if they did not feel their ailment was of 'serious' concern. In general the majority of respondents thought their Pharmacy was 'helpful' and 'knowledgeable'. Overall, most respondents commented they were happy to use the Pharmacy for advice on less serious issues.

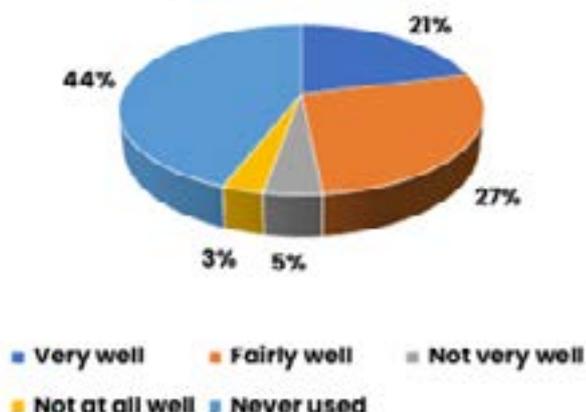
Question 12-16 - Pharmacy Services

Respondents were asked how well their pharmacy provided the following services:

- ◆ Advice on a current health problem or long-term health condition.
- ◆ General advice on leading a healthier lifestyle e.g., healthy eating, stopping smoking, exercise, sexual health.
- ◆ Providing advice on health services or information available elsewhere.
- ◆ Efficient Service
- ◆ Good customer service e.g., polite, friendly.

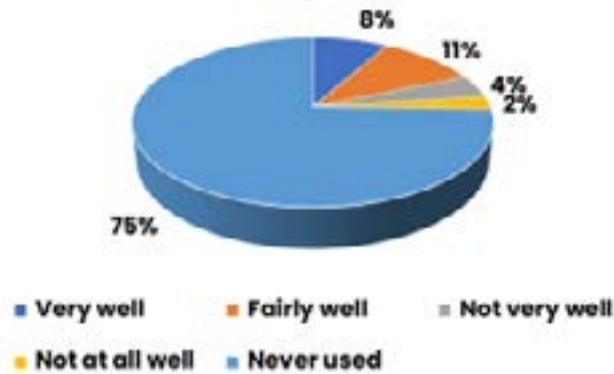
In response, interestingly nearly half of respondents (44% or 71 of 161 respondents) said they had never used their Pharmacy to provide advice on a current health problem or long-term health condition. However, of those that had sought advice, around half of respondents indicated the Pharmacy delivered this service very well (21% or 34 of 161 respondents) or fairly well (27% or 43 of 161 respondents). A small amount of people suggested this service was executed not very well (5% or 8 of 161 respondents) or not at all well (3% or 5 of 161 respondents).

Providing advice on a current health problem or Long-term health condition



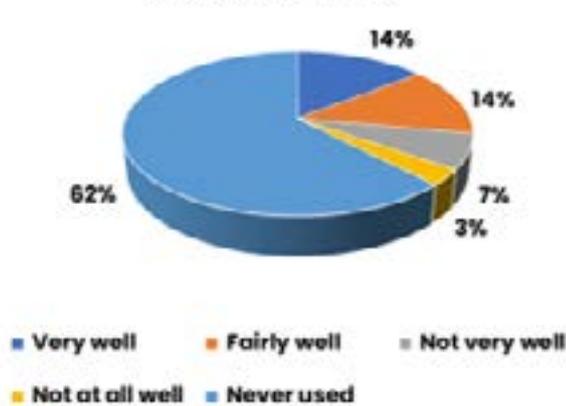
In addition, many people indicated they had never used their Pharmacy for general advice on leading a healthier lifestyle (75% or 121 of 161 respondents). Of those that had sought advice from a Pharmacist, they reported that their Pharmacy was delivering general advice very well (8% or 13 of 161 respondents) or fairly well (11% or 18 of 161 respondents). A few people suggested it was delivered not very well (4% or 6 of 161 respondents) or not at all well (2% or 3 of 161 respondents).

Providing general advice on leading a more healthy lifestyle



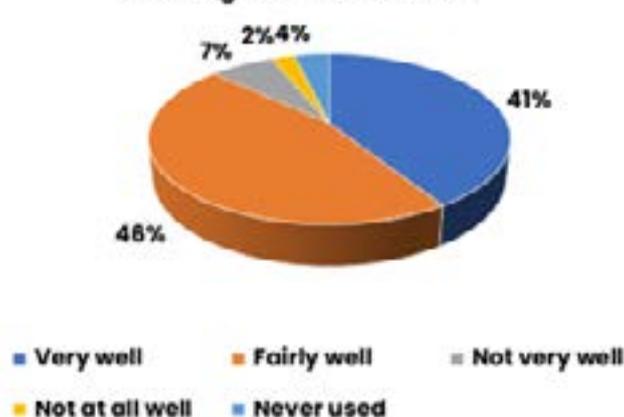
When respondents were asked about using their Pharmacy for providing advice on health services or information available elsewhere, over half of respondents had never used this service (62% or 100 of 161 respondents). Of those that had used their Pharmacy for advice, some suggested it was delivered very well (14% or 22 of 161 respondents) or fairly well (14% or 22 of 161 respondents). Others felt this service was delivered not very well (7% or 11 of 161 respondents) or not at all well (3% or 5 of 161 respondents).

Providing advice on health services or information available elsewhere.



Overall, the efficiency of Pharmacy services was well received, with 46% or 74 of the 161 respondents describing the efficiency of services as being 'fairly well' and 41% or 66 of the 161 respondents as 'very well'. 7% or 11 of the 161 respondents suggested efficiency was executed 'not very well', and 2% or 3 of the 161 respondents said 'not at all well'. 4% or 6 of the 161 respondents said they had never used their local or high street Pharmacy.

Providing an efficient service.



People scored their Pharmacy fairly highly with regard to good customer service; 61% or 98 of the 161 respondents stated their experiences were 'very well' and 35% or 56 of the 161 respondents as 'fairly well'. A very small percentage suggested good customer service was executed 'not very well' (1% or 2 of 161 respondents), or 'not at all well' (1% or 2 of 161 respondents), with (2% or 3 of 161 respondents) who said they had never used the service.



Question 17 – Improvements, Advice and Other Services

Respondents were asked to briefly tell us what improvements, advice, or other services they would like to access at their local Pharmacy. This was an 'open question and over 100 responses and recommendations were received with 18% of those responses suggesting there was 'no improvement needed'.

However, many people indicated they were not aware of all the services a Pharmacy provides, and some were conscious of the additional resources and capacity a Pharmacy will require to deliver additional services. Some of the suggestions for how Pharmacies could improve service provision is listed below.

'I was not aware of the blood pressure check or medication review. I will now use this service in future'.

'I hadn't realised they can also do a medication review and would not have to go to my GP for that'.

'Minor illness prescription issued antibiotics for tonsillitis, strep throat, infections'.

'Delivering non-prescription medication to your door for the elderly'.

'I appreciate being able to use the same telephone number as previously to check if my prescription is ready to collect'.

'If multiple items on prescription and one item not available it would help if the pharmacy could give you a prescription just for that one item so it can be sourced elsewhere, rather than having to get all the items elsewhere.'

'On a personal level, now I don't need any other services from my pharmacy. I think we need to be careful not to overload them with extra services unless there is going to be an increase in staff and resources to support them.'

'I'm happy with the service offered at present.'

'I was not aware of the blood pressure check or medication review. I will now use this service in future.'

'Better counter services.'

'Always a long wait for prescriptions.'

'More clinical feel and uncluttered with medicines waiting pick up.'

'Needs more space.'

'We need more GPs and surgeries.'

'They do the best they can do.'

'Over the counter medicine is too expensive.'

'These questions are not applicable because I am housebound. I use Smart Healthcare, which is a much better alternative. I can infer that they don't think much of the local pharmacy.'

'Happy with service provided'.

'Private room for discussion with Pharmacist instead of all other customers hearing everything said... no privacy at all'.

'They don't feel very accessible for neurodivergent people'.

'I never see any signposting services available or advice on healthy eating/smoking etc in the pharmacy. Nothing re: mental health anywhere obvious'.

'I think they are already community focused and offer lots. Other Pharmacies don't offer or further to travel'.

'At present I'm happy with it as it is'.

'More information on out-of-stock meds - i.e. when they will be available or why out of stock. Reduced wait times as even repeat prescriptions can take 30 minutes'.

'If I was a young person, I would prefer having a blood test at the Pharmacy rather than Bedford Hospital North Wing. If it was practical have an annual basic health review with some basic tests. Digitalise more - future generations should be more familiar with computer'.

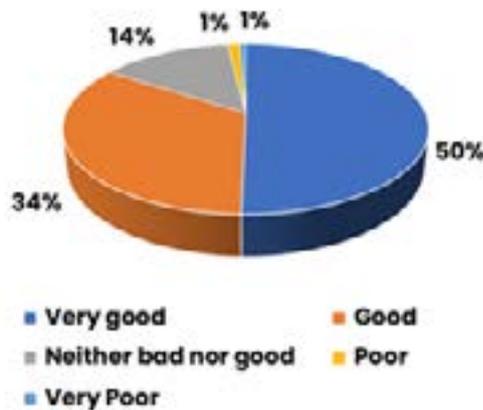
'Some of the workers over the counter seem rushed off their feet meaning more demand for them meaning being abrupt to customers to get the job done'.

'If clients were anxious or wanted to speak about low mood, perhaps there could be someone MH First Aid trained who could do some drop ins (15 mins) and share other resources'.

Question 18 – Overall Experience

Finally, respondents were asked to rate their overall experience when visiting their Pharmacy. Half of respondents (50% or 80 of 161 respondents) said their experience was 'very good'. Just over a third said it was 'good' (34% or 55 of 161 respondents) and 14% or 22 of the 161 respondents said it was 'neither bad nor good'. A very small percentage suggested it was 'poor' (1% or 2 of 161 respondents) or 'very poor' (1% or 2 of 161 respondents).

How do you rate your overall experience when visiting your pharmacy?



Additional Feedback

Respondents were also asked if there was anything else they would like to tell us about their local Pharmacy. Over 60 comments were received, many very positive about the 'friendly, helpful and efficient service' received. Some of the comments are included below:

'Excellent current service. Whilst I value Pharmacists, they should not completely replace Primary Care services'.

'Like many other Pharmacies through no fault of their own they are experiencing problems getting the medication from the manufacturers, which is causing the patients and themselves problems. If the Government are serious, and I say this because not so long ago they were talking about closing lots of the Pharmacies, overall, my local pharmacy is excellent and gives a very good service under difficult circumstances and are to be commended'.

'They are always busy but friendly'.

'Always very helpful and efficient'.

'Friendly, helpful, kind, efficient, welcoming'.

'Excellent customer service. I would strongly recommend my local pharmacist'.

'I would like faster, more reliable services'.

'Sometimes no qualified pharmacist is available'.

'They are always available to help with my repeat meds and will call my surgery directly if there is an issue, clear they have a good relationship with the two surgeries in the village'.

'It's a big asset for the town, and local villages'.

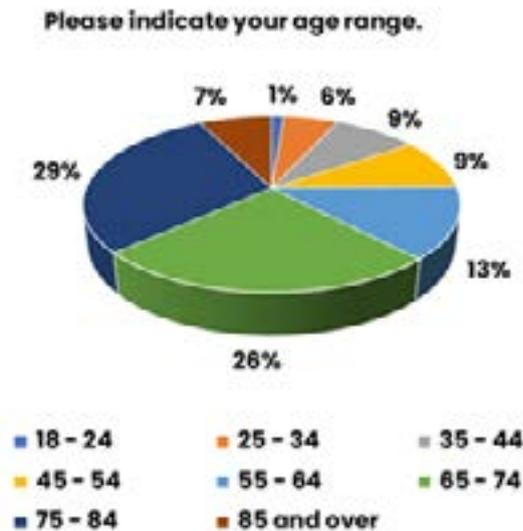
'I use the GP dispensary for my monthly prescribed pills. They now have a very clever automatic dispensing machine that dispenses the medication by use of a PIN number. Now I can get my pills at any time of day (machine is accessed from the car park so I don't have to go into the building)'.

Demographics

Demographic questions were included in the survey relating to, age, gender, ethnicity and religion. Respondents were also asked to indicate the area of Central Bedfordshire they lived in or whether this was outside of Central Bedfordshire.

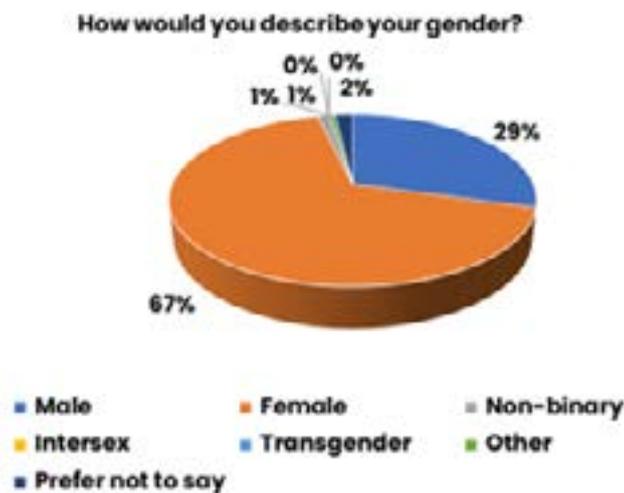
Age:

Of those who answered this question 7% or 11 of the 161 respondents were aged between 18 and 34 years, 18% or 29 of the 161 respondents were between 35 and 54 years and 39% or 63 of the 161 respondents were between 55 and 74 years. 36% or 58 of the 161 respondents were aged over 75 years old.



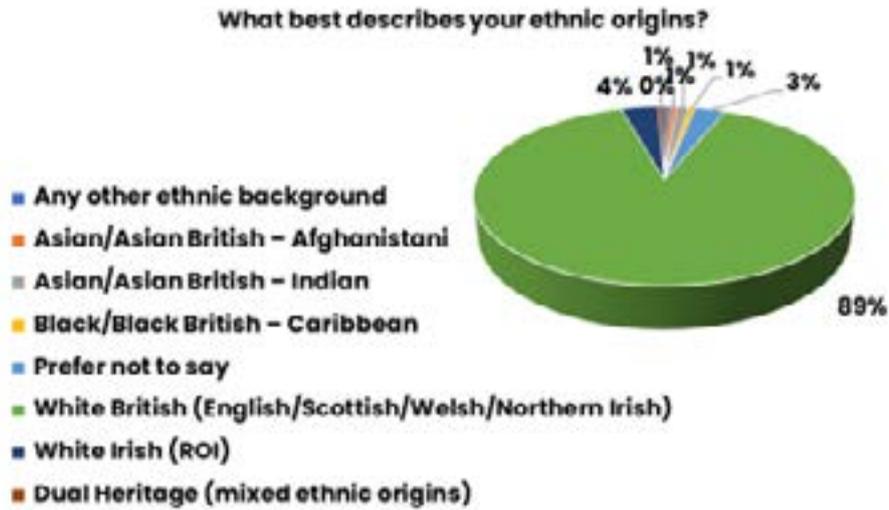
Gender:

We asked respondents how they would describe their gender - 67% or 108 of the 161 respondents were female, 29% or 47 out of 161 respondents were male, 1% non-binary and 5% or 8 out of 161 respondents preferred not to say.



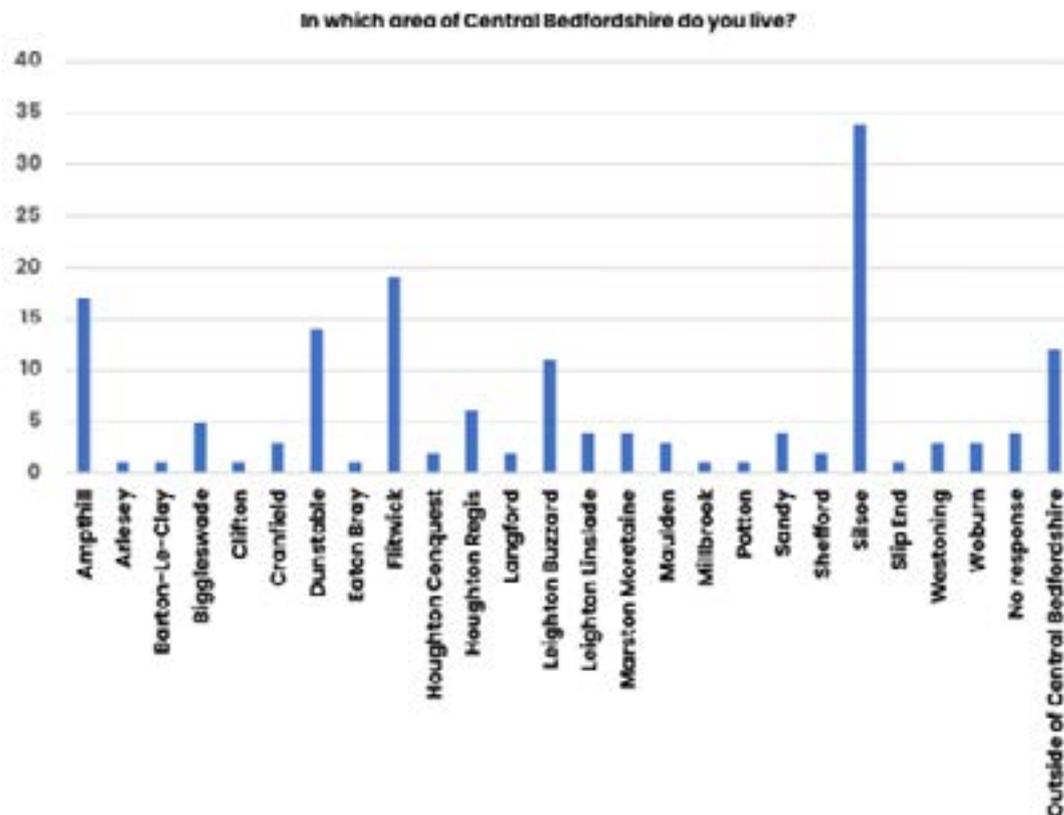
Ethnicity:

89% or 143 out of 161 respondents were of a White British background and 11% or 18 out of 161 respondents were of an ethnically diverse background.



Area:

93% or 150 out of 161 respondents lived in Central Bedfordshire, with 24 locations cited. 7% or 11 out of 161 respondents lived outside of Central Bedfordshire, but used Pharmacies in Central Bedfordshire, the areas included Bedford Borough, Hertfordshire, Luton Borough, Milton Keynes, and Northampton.





Pharmacist Interviews

As part of this project two local Pharmacists were interviewed as we were interested in how they felt about the development of a 'Pharmacy First' model where a Pharmacy will be the first port of call for minor ailments and illnesses. Taking into consideration the NHS Long Term Plan 2019, which sets out its ambitions for transformation over the next decade to ensure the NHS is fit for purpose for the future. Pharmacists will have an essential role in the delivery of the schemes and initiatives it proposes.

We sought insight and feedback on these two areas of change to better understand concerns and challenges Pharmacists felt the changes might bring, including the potential benefits and impact on their Pharmacy, and for their customers.

Interview with C & H Barton Pharmacy and Travel Clinic

On 2nd November 2023, HWCB's Engagement and Volunteer Officer met with the Pharmacist at C & H Barton Pharmacy and Travel Clinic.

Pharmacies and changes to primary care

We asked how the Pharmacist felt about the upcoming changes to primary care, and whether he was aware of the proposed changes to Pharmacies the government would like to implement in 2024.

The Pharmacist had seen information from 'professional bodies' about the changes and signed up for pilots, as he was keen to involve himself in changes that were **"pushing the boundaries for the future"**, suggesting he was interested in the direction these plans may take Community Pharmacy. The Pharmacist confirmed information about the changes had come via the Chemist and Druggist, Pharmacy News and Bedfordshire, Luton, and Milton Keynes Integrated Care Board (BLMK ICB). He was already involved in some pilot projects associated with the changes. In addition, the Pharmacist explained that he had already made changes to the pharmacy structure:

'When I came to this pharmacy, I came from a hospital background where I was seeing patients, and I wanted to get away from the model of the pharmacy being a dispensary. So, I have set it up so that I have a pharmacist doing the dispensary services for me while I am available to concentrate on clinical services. We have been doing that for a while now and we have created a website to allow people to book in to see me for various things. In a way we are already doing some of the things the NHS wants to become normal in Pharmacies'.

There was one pilot currently being carried out, with a few Pharmacies having a computer system installed to match that of GPs to allow integration. Appointments with the Pharmacist that would have otherwise been taken up at the GP surgery were now being scheduled through this system. The Pharmacist indicated that some challenges are apparent, where services are not lined up, e.g., IT systems. However, he advised that patients/customers were grateful for the services they were providing currently.

Challenges and Barriers

When discussing the challenges faced by Pharmacists to implement the changes needed, he highlighted staffing, Pharmacy staff working in a confined environment, the issue of pay (Pharmacist Technician is not a high paying job), overall funding, staff pressure and stress, and direct communication with the public as issues. Staff retention was also a predicted concern, suggesting that with the current NHS funding contract it was not possible to have a well-staffed Pharmacy which meant patients were having to wait a long time for prescriptions.

Change management was also put forward as a difficulty, suggesting the transition meant Pharmacists will have to recruit more technicians or upskill staff, plus a need for more Pharmacists and independent Prescribers. In addition, the Pharmacist suggested 'IT' would be a significant barrier, combined with data sharing and access to patient systems. If Pharmacies were expected to generate their own 'patient cases', they would need something to support finding patients, rather than relying on the walk-in system. If a GP were to refer a lot of patients to the Pharmacy, there would be difficulties in getting in contact with those patients. Emphasising IT, consent and staffing as the key barriers. Suggesting that:

'We must now do so much more work to stay afloat, effectively to stay where we are. You do need to do all this other stuff, in addition to what you were doing before, just to have a viable business. But, at the same time, you are securing the future. Sink or swim. I hope that in the end the NHS will end up with an investment in pharmacy because if they want us to continue to do the dispensing side of things, eventually whatever is left at the end of this process will be valued and funded. Now it does feel like the essential stuff isn't the focus of attention while we investigate these new things. I am hoping that once we have gone into this new game changing situation, and the dust has settled, that essential services will be valued'.

Benefits

The Pharmacist suggested that the 'joined-up care' promised would be of benefit to customers. As part of the new way of working there would be no need for referrals to the GP for some conditions. This would benefit patients as they could be assessed and offered a prescription just by visiting the Pharmacy. Taking pressure off the system, as currently, a patient would need to get an urgent GP appointment, and then return to the Pharmacy for medication. At C & H Barton Pharmacy this is already in place via 'The New Medicine Service' where Pharmacists can keep track of patients who have been given new medicines to see how they are getting on. Suggesting that a seamless integration would be *"good for the patient"*.

Waiting times

The Pharmacist suggested that all Pharmacists would have to manage busy periods. From a wider perspective, if capacity had been created within the NHS, the Pharmacy would have to manage the change if the workload shifted from the GP to the Pharmacy. However, he felt, overall, this would result in more patients being seen and diagnosed, which is better for the general population, and data sharing means workloads can be managed. If left as 'walk-ins' it would become disorganised. Communication with the GP is key, meaning these issues can be managed more effectively, adding:

'We have sorted out communication channels with the local GP surgery, and everything is so much easier for anybody that is using the two of us. As soon as you go further afield there can be problems. It empowers Pharmacists to solve more problems, but the second key thing is integration with the GPs. It is still good that Pharmacists are doing the identification stage, but then it is up to the patient to get an appointment with their own GP'.

Changing Pharmacies to a National or Local Body

Finally, we asked the Pharmacist about any concerns he may have about the suggested changes to Pharmacies into a national or local body. He gave us an example of when this had worked well, involving a pilot for contraception, when patients were coming into the Pharmacy for their pill checks with appointments booked through the GP Surgery. As the pilot was going well a decision was taken to turn it into a national service. However, it was deemed a 'net zero service' which meant money was taken out of the traditional Pharmacy pot to fund it and therefore it did not work so well for Pharmacists, effectively doing *'more work for no more money'*. The Pharmacist suggested:

'That was an example of how it can go wrong. People made this decision on the back of us in the Pharmacies making a successful pilot and proving things worked. They literally said here you go; you can now do this everywhere across the country but the pot from which you are being paid will not increase. As a result, most Pharmacies boycotted that service on the principle that this is not the future that we envisage. We can do more for the NHS but at the same time not like this. It is of no benefit to the Pharmacies. Hopefully by boycotting that, they will get the message that they ruined it by thinking that is how to do it'.

The Pharmacist additionally highlighted:

'For many things in the NHS there is a postcode lottery. I think we are lucky here with the team we have in the ICB because people there can see that Pharmacies can be involved. They have championed us and done so much for us in terms of believing in us and giving us opportunities. The immunisation and vaccination service were piloted in Luton, and it is now normal. It was the people in our ICB that made it happen'.



Interview with Cheeseman's Pharmacy

Background

On the 7th of November 2023, HWCB's Engagement and Volunteer Officer met with the Pharmacist at Cheeseman's Pharmacy, who is also the Chair of the Local Pharmacy Committee for Bedfordshire, Luton, Milton Keynes, and North Hants (PC BLMK & NH). This was an online meeting conducted via Microsoft Teams.

Community Pharmacies and Pharmacy First

The Pharmacist was asked whether he knew about the proposed changes to Pharmacies the government would like to implement in 2024. The Pharmacist told us he was aware of the seven new conditions that will be treated within Community Pharmacy but was waiting for more details to come through. His understanding was that by the end of November they would start to see a few of those details and the launch of some of the new services within Community Pharmacy. He was made aware of the changes through his position as Chair of the Local Pharmaceutical Committee. Part of his role was to keep a '**close tab**' on changes, and to feedback to Community Pharmacy England with their thoughts. He added:

'We certainly have fed back our frustrations that even though we are now very close, in November already and was supposed to have been launched and we are still in talks about the details of the services that will be commissioned for Community Pharmacy to partake in. Unfortunately, we are now in the business period where most Community Pharmacy have been involved in the flu vaccination programme and then heading into the Christmas period which historically as everyone knows is the busiest time for Community Pharmacy. Then to launch these services currently doesn't make sense to me- but that is an opinion'.

The Pharmacist was not convinced that the uptake and engagement would be as good as it could be at this time because of the time pressure on Pharmacies. He suggested that the Christmas period meant Community Pharmacies are '**extremely busy**' and would not see a lot of uptakes until after this period.

Introducing the model

The Pharmacist was asked whether he intended to introduce the model in his Pharmacy. He suggested this was the intention but there were certain barriers, adding:

'Once we have the service specification then we will know what the barriers are going to be, and we need to see whether these services are going to be correctly funded. Because if a service is not correctly funded as a business you cannot justify employing extra staff or having that staff dedicated to those services when the pharmacy is going to take a loss'.

The Pharmacist added that if a service was reliant upon other health care professionals referring patients to the Pharmacy, he predicted limited success. The importance was in first seeing the service specification.

Other barriers include 'IT' systems, reiterating concerns raised by the previous Pharmacist, stating that within the NHS, the different IT systems are not compatible or integrated. The Pharmacist suggested there were so many different platforms they currently use that it was necessary to input the same data on multiple platforms **“just to get paid at the end of the day”**. Suggesting this was **“a complete waste of time and resources”** in the way it had been set up.

Another barrier was funding, suggesting that the time and costs involved in the delivery of the service, as well as the data input for the service, needed to be accounted for, for the service to be successful.

Recruitment and Retention

The Pharmacist was also asked about possible difficulties with recruitment and retention. He suggested it had been a challenge in recent years, especially since Primary Care Networks (PCN's) had been set up, as they are more suitable for supporting GP Practices, and their funding has been used to fund recruitment of Pharmacists into the PCN's to support the Practices. Pharmacists have therefore left a hospital setting or Community Pharmacy to join a PCN. The Pharmacist confirmed this is one of the unintended consequences of setting up PCN's and funding in such a way that takes resources from one sector to another. He added that the costs of recruiting and retaining staff has increased, however funding into Community Pharmacy has reduced which has resulted in many Pharmacies closing because the business is no longer viable.

The other challenge highlighted was the recruitment of Pharmacy Technicians by PCNs. Suggesting that by recruiting Technicians from the Community Pharmacy would result in a **“huge gap”** in their staffing. He felt it would be more beneficial to create **“fuller neighbourhoods”** that are fully inclusive of all healthcare professionals, adding that the concentration of funds on GPs and surgeries was misinformed, and that funding should concentrate on all healthcare professionals that serve the same population.

Community Pharmacy Benefits

From feedback the Pharmacy had received from vaccination centres, the Pharmacist told us that patients preferred to interact with a Pharmacy led service than visit their GP practice. For example, with hyperextension checks, he suggested it was more relaxing for a patient to come into the Pharmacy, rather than waiting 2-4 weeks for a GP appointment. Commenting that it would appear the overall experience for the patient is better in a Pharmacy, adding:

‘I certainly think there is a benefit not just to the Pharmacy but to the general population we are serving. Now purely because confidence in Community Pharmacy has never been so high historically and now if you wanted to compare. We are probably at the highest point that Community Pharmacy has been in. And the value that the public see in the Community Pharmacy is much more than ever before. So, I think we have earned the trust of patients. I think patients prefer services delivered out of the Pharmacy because of logistics and the way we deliver the service compared to GP practice. So yes, I do see benefits for Pharmacies and patients’.

Potential Issues and Concerns

We asked the Pharmacist if he felt that changes would create issues and concerns for customers. As before, he suggested it would be dependent on the correct service specification and funding. The Pandemic and Covid vaccination service proved there is a huge workforce that Community Pharmacy can tap into, for example, Bank Nurses, Paramedics, and Midwives, adding that certain services can be delivered using their expertise within a Pharmacy. However, barriers are created when a service specification says it is a service that can only be delivered by a Community Pharmacist, for example, ***'there is no reason why a nurse cannot deliver the hypertension service in a Community Pharmacy, you don't need a Pharmacist only to deliver the service'***. Equally the Pharmacist explained that he believes one service to be introduced is the diagnosis and treatment of UTI's (urinary tract infections) which nurses have the expertise to treat, however:

'We know already a lot of times in GP practices these patients will be seen by Paramedics or Nurse so why can that not be the same in Community Pharmacy? We can then find it slightly easier to recruit and retain staff, we know there is a bank of health care professionals out there that would be happy to come in and work a few hours or on a sessional basis, but that will not solve the staffing crisis that is going to happen in Community Pharmacy'.

By making use of these 'consultations' with patients, the Pharmacy could set aside scheduled times for appointments to take place. Suggesting that Community Pharmacy have the right skill set, but there was room for more learning, which had so far been underutilised. The Pharmacist added that with the new services being introduced, if they are funded properly, they should reveal the full potential of Community Pharmacy.





Conclusions

Community Pharmacies are designed to be an easy and quick way to access non-urgent medical care and advice. The 'Pharmacy First' model has declared that Pharmacies are to be the first port of call for minor ailments and illnesses. They will play a key role in supporting self-care, self-management, and urgent care, striving to make better use of Community Pharmacy.

Healthwatch Central Bedfordshire developed a survey to better understand public attitudes and views to Community Pharmacy and how they are currently used, whether they would utilise their local Pharmacy more if they were aware of additional services that a pharmacist offers, and/or if they would prefer to speak to a Pharmacist rather than visiting their GP surgery. In total 161 respondents who access Central Bedfordshire Pharmacy services completed the survey and shared their views and experiences with us.

Pharmacy Survey 2023

Our results are majorly representative of the views of people from a White British background (89%), aged over 54 (76%) and living in Central Bedfordshire (93%).

Just over half of those who completed the survey told us they visited their Pharmacy monthly, with many who visited 'as and when needed', and most respondents used their local Pharmacy as opposed to a dispensing GP Pharmacy or online service.

The most used services were, predictably, 'Prescription services' (86%), the 'purchase of non-medical items' (80%), 'advice or information from their Pharmacist' (67%) and 'vaccinations' (64%). Many people were aware of essential services provided by the Pharmacy, including 'prescribing' (94%), 'dispensing' (86%) and the 'disposal of unwanted or out-of-date medicines' (64%). However, for all other essential services (mentioned in the survey) awareness was low (under 25%).

Most used the essential services that were more commonly known, as highlighted above, but the use of all other services was below 15%. In addition, a large proportion of those who completed the survey (81%) indicated they had never been invited for a medical review by their local Pharmacist.

Additional service awareness and use was less than essential services (see list in Appendix A), but many respondents were aware of (86%) and used (60%) the Covid-19 vaccination service. Additional services most people were aware of included buying 'over the counter medicine' (76%) and 'Covid-19 lateral flow test distribution' (52%), with the rest of the services known by 32% of respondents or less. Many of those who knew about 'over the counter medicine' used this service (65%), but when it came to use of other services the take up was less than 25% in all cases.

We found 95% of respondents had a pharmacy within five miles of their home address, with around half travelling by car (56%) and the other majority walking (38%), with very few people using public transport (4%).

Overall, 67% of respondents would consider using their Pharmacy before contacting other services such as their GP or calling NHS 111. Although, interestingly, 44% never used their Pharmacy to provide advice on a current health problem or long-term health condition. Of those that did, around half of respondents used this service and reported that the pharmacy delivered this service very well (21%) or fairly well (27%).

Interestingly, many people who completed the survey (75%) never used their Pharmacy for general advice on 'leading a healthier lifestyle' and when asked how well they thought their Pharmacy 'provided advice on health services' or 'effectively signposted to other services', over half of respondents had never used this service either (62%).

Many people felt their Pharmacy provided an efficient service describing their experience of using it as being either 'very well' (46%) or 'fairly well' (41%). People also scored their Pharmacy highly on good customer service, with 61% of their experiences marked as 'very well' and 35% as 'well'.

When asked to rate their overall experience when visiting their pharmacy, half of respondents (50%) said their experience was 'very good', just over a third said it was 'good' (34%) and 14% said it was 'neither bad nor good'. The feedback received from the open-ended questions was positive overall, however clear themes were highlighted. These included:

- ◆ Pharmacists being knowledgeable, friendly, and helpful.
- ◆ GP is the preferred point of contact for medical advice.
- ◆ Pharmacies were helpful in supporting minor illnesses.
- ◆ Pharmacies were more easily contactable than GP surgeries.
- ◆ GP appointments were difficult to secure.
- ◆ Respondents were not aware of all the services Pharmacists provided.
- ◆ The delivery of prescriptions would be helpful.
- ◆ Concerns were raised about overwhelming the Pharmacy with additional work following government changes.
- ◆ People were generally happy with the service Pharmacies currently provided.
- ◆ Majority of the time there was a long wait for prescriptions.
- ◆ Pharmacies would need more space if implementing government changes.
- ◆ Concerns expressed about privacy when discussing minor ailments and requests for medications.
- ◆ Accessibility issues (including digitally and for people with disabilities).
- ◆ People would like more general health information in Pharmacies.
- ◆ Concerns that Pharmacists would replace primary care services.
- ◆ That Pharmacies are often busy and will be even more so with new changes.
- ◆ Pharmacists lack of knowledge or qualifications about certain conditions to be able to offer advice under new changes.

We felt that the survey achieved its aim of creating further awareness of all Pharmacy services as the feedback received indicated respondents had been made aware of more services that were available through engaging. However, key findings from the survey indicated there was a lack of awareness around a significant number of essential services.

The public will be expected to approach Pharmacists for consultation and advice before contacting their GP, following the announced changes to Community Pharmacy services. However, this is not currently happening in 73% or 117 of the 161 people surveyed in Central Bedfordshire. Better access, communication and information is therefore needed, in addition to a shift in awareness, before residents will utilise the services on offer.

Pharmacist Interviews November 2023

Two local Pharmacists were interviewed to learn how they felt about the development of a 'Pharmacy First' model, taking into consideration the NHS Long Term Plan 2019, in which Pharmacists are seen as having an essential role in the delivery of the schemes and initiatives it proposes.

Although both Pharmacists had similar concerns about the Pharmacy First model, the first Pharmacist interviewed from C & H Barton Pharmacy and Travel Clinic suggested he was well-informed of the proposed changes due to his connections with professional bodies and current involvement in pilot schemes. He has already implemented similar changes in his Pharmacy and indicated 'IT' challenges were of particular concern. He also highlighted issues with staff, wages, funding, pressures, and communication, suggesting waiting times were already significant and would increase unless resources and capacity were addressed. He praised the idea of 'joined-up care' suggesting this would be of benefit to patients, and that better communication between Pharmacists and GPs would reduce waiting times. He emphasised that changes should be made when new services are beneficial to the Pharmacy and essentially in the NHS currently a 'postcode lottery' existed in terms of opportunities for Pharmacies.

The second Pharmacist interviewed from Cheeseman's Pharmacy was more cautious in the detailing of plans for a Pharmacy First model, suggesting that in his role as Chair of the Local Pharmaceutical Committee they had given feedback indicating their frustration that details of services had not been made clear, suggesting uptake in the busy Christmas period would be reduced. He highlighted barriers to the uptake of services introduced through the model and highlighted funding, staff, service specification and IT systems as particular issues. Suggesting that the recent introduction of Primary Care Networks (PCN's) was more tailored toward GP practices and that the recruitment of Pharmacy Technicians by PCN's would leave a 'huge gap' in Pharmacy staff.

The Pharmacist felt the benefits of the changes would be that patients already preferred to interact with a Pharmacy led service. These services would be increased under the 'Pharmacy First' initiative, suggesting waiting times would be reduced and the overall experience improved for patients by being able to receive care from a Pharmacy rather than relying on GP services. Using patient consultations, the Pharmacy would be able to set aside scheduled times for appointments to take place, suggesting that Community Pharmacies have the right skill set, but there was room for more learning, and currently Community Pharmacists were underutilised. With the new services being introduced, if they are funded properly, they should reveal the full potential of Community Pharmacy.

Overall, we found the Pharmacists we spoke to had similar concerns; IT systems, staffing, resources, capacity, and the practical implementation of the new changes. However, they both had a positive outlook on how the new powers could support a more integrated care network between Pharmacies and GPs to improve patient care and experience.



Recommendations

Following analysis from all feedback received from respondents who completed the survey, and into following to help support residents access all Pharmacy services on offer now, and in the future:

BLMK ICB to send communication to all Practices, following launch of PF model, to encourage GPs and Practice staff to promote the use of Pharmacies when patients contact them relating to a minor illness.

BLMK ICB to undertake a media and communication campaign to inform residents of the new changes to Pharmacy services to encourage behavioural change from patients to access their local Pharmacy, e.g. the unlearning of the 'GP first' mentality.

Determine whether the availability of late-night Pharmacies should be increased to help deliver the PF model.

NHS England and BLMK ICB to ensure services will be made more accessible in terms of their digitalisation and the patient experience, especially catering to those with disabilities e.g. neurodivergence, hearing loss.

Opportunities for patient feedback about their experiences of pharmacies, particularly after the PF model is introduced need to be created. Feedback should be utilised to ensure the service is working well for patients an achieving its intentions.

Interviews with two local Pharmacists, Healthwatch Central Bedfordshire would recommend the

Pharmacies being enabled to address staff pressures, capacity, and resources, and identify challenges and barriers to the initiative going forward, as well as plans to ensure that privacy is available within their Pharmacy for customers/patients to feel.

NHS England to consider a reduction in charges for over-the-counter medication to encourage more people to use their local Pharmacy.

Pharmacists to evaluate the space within Pharmacies to conduct consultations with privacy and appropriate room. The space and capacity of Pharmacies needs to be understood and considered.

The improvement of communication with patients and between GPs and Pharmacies. Examples of good practice are building positive patient / pharmacist relationships and ensuring the 'IT System' used by GPs and Pharmacists to communicate is working productively.

Instigate a culture change to ensure the public are aware of, and willing to accept, the new Pharmacy First model, highlighting the opportunity for patients to obtain prescription-only medicines directly from Pharmacists instead of GP's for seven common conditions.



Appendix A

Survey Questions

1. How often do you visit the pharmacy (chemist)?

- | | |
|-------------------------|---------------------------|
| Everyday | Two or three times a week |
| Once a week | Every two weeks |
| Once a month | Every two months |
| Once every three months | Only as and when needed |
| Never | Other (Please state) |

2. What type of pharmacy do you use? (Please tick all that apply)

- Local Pharmacy (e.g., on high street)
- Dispensing GP practice
- Online pharmacy
- Other, e.g., delivery of colostomy bags

3. What do you use your pharmacy for? (Please tick all that apply)

- To collect prescriptions for you or someone else
- To get advice or information from a Pharmacist
- Vaccinations
- To purchase over the counter medicine
- To purchase non-medical items
- For a consultation or advice on managing a condition
- None of the above
- Other (please state)

4. All community pharmacies provide services which are referred to as 'essential' services. Which of these are you aware of? (Please tick all that apply)

- Dispensing medicines and/or appliances on prescriptions
- Repeat dispensing services
- Medication Review
- Discharge medicines service
- Disposal of unwanted or out-of-date medicines
- Promotion of Healthy Lifestyles
- Signposting to other sources of health and social care services
- Support for self-care
- None of the above

5. Which of these do you use? (Please tick all that apply)

Dispensing medicines and/or appliances on prescriptions
Repeat dispensing services
Medication Review
Discharge medicines service
Disposal of unwanted or out-of-date medicines
Promotion of Healthy Lifestyles
Signposting to other sources of health and social care services
Support for self-care
None of the above

6. Have you ever been invited for a Medication Review by your local Pharmacist?

Yes
No

7. Some pharmacies provide services which are referred to as 'additional' services. Which of these are you aware of? (Please tick all that apply)

Appliance use review	Covid-19 lateral flow test distribution
Flu and Covid-19 vaccination services	Hepatitis testing service
New Medicine	Stop smoking service
Sexual health services	Blood pressure monitoring service
Immediate access to specialist drugs	Eergency supply of prescription medicines
Minor Ailment Scheme	Diabetes screening test frequency
Buying over the counter medicine	None of the above
Other (please state)	

8. Which of these do you use? (Please tick all that apply)

Appliance use review	Covid-19 lateral flow test distribution
Flu and Covid-19 vaccination services	Hepatitis testing service
New Medicine	Stop smoking service
Sexual health services	Blood pressure monitoring service
Immediate access to specialist drugs	Eergency supply of prescription medicines
Minor Ailment Scheme	Diabetes screening test frequency
Buying over the counter medicine	None of the above
Other (please state)	

9. How far do you have to travel to reach a pharmacy?

Less than 1 mile
1-5 miles
5-10 miles
More than 10 miles
Not applicable

10. How do you travel to the pharmacy?

Car
Public transport
Walk
Not applicable

11. Would you consider using your pharmacy before contacting other services E.g., your GP or NHS 111 and why?

Yes

No

Please comment _____

12. How well do you think your pharmacy provides each of the following services?
(Please circle one for each question)

Providing advice on a current health problem or Long-term health condition.

Very well Fairly well Not very well Not at all well Never used

13. Providing general advice on leading a more healthy lifestyle e.g., healthy eating, stopping smoking, exercise, sexual health.

Very well Fairly well Not very well Not at all well Never used

14. Providing advice on health services or information available elsewhere.

Very well Fairly well Not very well Not at all well Never used

15. Efficient service.

Very well Fairly well Not very well Not at all well Never used

16. Good customer service e.g., polite, friendly.

Very well Fairly well Not very well Not at all well Never used

17. Briefly tell us what improvements, advice or other services you would like to access at your local pharmacy.

18. How do you rate your overall experience when visiting your pharmacy? Please tick one.

Very good

Good

Neither bad nor good

Poor

Very poor

19. Is there anything else you would like to tell us about your local pharmacy?

Finally, some quick questions about you...

20. What is your gender?

Female	Male	Non-binary
Intersex	Transgender	Other (please specify)
Prefer not to say		

21. Please indicate your age group:

Under 16	16 to 18 years	19 to 24 years
25 to 34 years	35 to 44 years	45 to 54 years
55 to 64 years	65 to 74 years	75 to 84 years
85 and over		

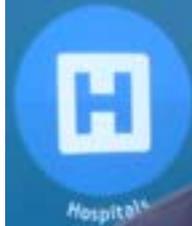
22. Ethnicity:

Arab/Middle Eastern	Asian/Asian British: Bangladeshi
Asian/Asian British: Indian	Asian/Asian British: Afghanistan
Asian/Asian British: Pakistani	Asian/Asian British: Any other Asian
Black/Black British: African	Black/Black British: Caribbean
Dual Heritage (mixed ethnic origins)	White: British/English/Northern Irish/Scottish/ Welsh
White: Irish (ROI)	Any other ethnic background
White: Gypsy/Traveller/Roma	
Prefer not to say	

23. In which area of Central Bedfordshire do you live? For example, Flitwick, Dunstable



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Are you passionate about Health and Social Care?

Volunteers are at the heart of everything we do, from talking to people about their experiences of local health and social care services and helping at our community outreach events.

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About Healthwatch Central Bedfordshire

Healthwatch Central Bedfordshire is the local consumer champion promoting choice and influencing the provision of high quality health, social care and wellbeing services for all across Central Bedfordshire.

Healthwatch Central Bedfordshire (HWCB) has significant statutory powers to ensure that the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. HWCB engages and consults with all sections of the local population so that a wide cross-section of views are heard, understood and acted upon. Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience.

Healthwatch Central Bedfordshire is one of three local Healthwatch in the County of Bedfordshire and belong to a network of local Healthwatch. Healthwatch England leads, supports and guides the Healthwatch network which is made up of the national body and local Healthwatch across each of the 152 local authority areas in England.

Healthwatch is the only body looking solely at people's experience across all health and social care. As a statutory watchdog our role is to ensure that local health and social care services, and the local decision-makers put the experiences of people at the heart of their care.

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