



Community Pharmacy in Gloucestershire

March 2025

healthwatch
Gloucestershire

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About us

Healthwatch Gloucestershire is the county's health and social care champion.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared. Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.

Background

Gloucestershire has 105 community pharmacies, all of which are independent businesses. Approximately 16,000 people in the county visit a pharmacy every day, and the services they offer are expanding and now include Pharmacy First, blood pressure monitoring and contraception.

Over the past year we have received an increased amount of feedback relating to pharmacies. We have heard how some people have experienced issues around the ordering and dispensing of medications, including shortages of medication and delays in receiving their full prescription.

There are also many people who have a positive experience with their pharmacy, so we were keen to capture these too and hear what people liked about their pharmacy.

Pharmacy First was rolled out at the beginning of 2024 and we wanted to gather feedback on this. To hear how many people are aware of the service and how many have used it. We also wanted to find out if there were any other services people would like to see the pharmacies offer.

Healthwatch England published a report in April 2024 on [Pharmacy: what people want](https://www.healthwatch.co.uk/report/2024-04-30/pharmacy-what-people-want) (www.healthwatch.co.uk/report/2024-04-30/pharmacy-what-people-want.) It explores the current state of pharmacy services and offers actions for healthcare leaders and the wider sector, diving into people's experiences of and attitudes towards pharmacy services at the outset of Pharmacy First.

As commissioning of Pharmacy Services transferred away from NHS England to NHS Gloucestershire ICB in April 2023 as part of the new Integrated Care Systems, we wanted to explore this in more detail locally.

What we aimed to understand

- How frequently are people using the pharmacy, how do they like to access it and what is the impact of pharmacy closures.
- How do people request a repeat prescription and how do they like to receive their prescriptions?
- If people have experienced any issues between their GP Practice and nominated pharmacy or been impacted by shortages in their medications.
- How aware are people of Pharmacy First; how confident are they in the advice offered by the Pharmacist and are there other services they would like to see offered?

What we did

We worked on this project for three months between October and December 2024, gathering people's views and experiences at events across the county by attending many community and social groups and via an online and paper survey. We shared details and links to the project via our social media channels and through various VCSE Newsletters.

We also visited 13 pharmacies around the county throughout January 2025 to speak to Pharmacists and their teams to hear their views on their role, management of medication shortages, and the additional services they are providing.

Out in the community

We visited community groups across Gloucestershire, speaking to around 650 people about the project and these groups included:

- Age UK (various groups & locations around the County)
- Parkinson's UK (various groups & locations around the County)

- The Churn Project (various groups)
- Carers Groups (run by Gloucestershire Carers Hub various groups)
- NHS Information Bus (locations around the County)
- Cirencester Livestock Market
- The Keepers Community Centre, Wotton-under-Edge
- Churchdown Social Group
- Great Oaks Wellbeing Centre, Forest of Dean
- Cirencester Stroke Club
- Reconnect Groups
- Sahara Saheli Group, Cheltenham
- The River Children & Family Centre, Lydney

Survey

We gathered feedback from 440 people via our survey which we promoted via our website, social media, news and community networks. 212 people completed a paper survey.

Who we heard from

- We received responses from people living across 23 of the 27 postcodes in Gloucestershire
- People were aged between 17 to 80+
- 13% were aged 36-45; 17% aged 46-55; 22% aged 56-65; 37% aged 65-80.
- 88% were White British/ English/ Northern Irish/ Scottish/ Welsh, 2% any other white background, 2% Indian, 2% Black/ Black British, 2% Mixed/ Multiple ethnic groups background, 1% Asian/ British Asian, 0.7% White Irish, 0.5% Caribbean, and 1.7% preferred not to say.
- Of the 420 people who disclosed their gender, 72% identified as women, 26% as men and the remainder preferred not to say.
- 26% considered themselves to be a carer
- 7.5% served in the army for more than one day
- 74% stated they have a disability and/or long-term condition across 52 different diagnoses. A few examples include, 33.5% said they have high blood pressure, 20% have Generalised Anxiety Disorder, 18.3% have Diabetes and 3% have ADHD. Approximately 6% of people stated Menopause.

Key messages

Overall people value their community pharmacy and the services they offer, and in turn, the Pharmacists and their teams appreciate the important service they provide in the community.

- 75% of people who completed our survey like to access their pharmacy in person.
- Pharmacies are seeing an increasing number of people struggling to pay for their prescriptions, particularly young people.
- Many of those who completed our survey already use the Pre-Payment Certificate. However, certain groups of people are less likely to be aware of this and have one.
- People would like to be able to recycle their blister packs but were unable to do so.

Although medication shortages are a challenge for all pharmacies, it appears to be affecting some more than others, with some pharmacies spending over 2 hours a day trying to manage it.

- Many people have experienced physical and mental health impacts due to medication shortages
- Availability of medication is the biggest driver in determining which pharmacy people use, regardless of whether it is the closest pharmacy to their home.
- People are often not aware if there is something missing from their prescription until they arrive to collect it, which causes anxiety and frustration.

Most people are not aware of Pharmacy First, but for those that have used it, overall feedback is positive.

- Many people are aware that they are able to see someone in the pharmacy sooner than trying to access their GP, however this can lead to an expectation that they will be seen straight away, which isn't always the case.
- Pharmacists are keen to use their skills to provide more clinical services, however there is mixed messaging around the Pharmacy First offer which can lead to incorrect referrals.
- Short term contracts make it difficult for pharmacies to invest in the development needed to their premises to ensure they can provide services fit for the future.

GP's and pharmacies do not always work in a joined-up way which can impact on customer experience.

- People who have multiple medications would find it easier for these to be aligned on the same monthly cycle.
- The NHS App is cost effective for the NHS and could be used more effectively to share information with patients on their prescriptions.

Recommendations

Pharmacies need to be funded properly to maintain their important and valued role in the community and to ensure it is seen as a sustainable and rewarding opportunity to the future workforce.

- Every individual who pays for their prescription should be offered the opportunity to purchase a Pre-Payment Certificate – (PPC) at the pharmacy. People who prescribe medications such as GPs and Consultants should also be informing people about the PPC so that cost is not a barrier to collecting prescriptions.
- Pharmacies to explore how they can help their customers to recycle blister packs to benefit the environment and improve their own carbon footprint.

There is some learning to be taken from the processes used by pharmacies who report being able to manage medication supplies better than others, which would be beneficial to everyone.

- The patient should be made aware and included in discussions about how to proceed if the medication on their prescription is out of stock, especially if there is a potential health impact. For example, requesting the GP to prescribe an alternative brand, waiting for it to come back into stock or getting it elsewhere, rather than finding out when they come to collect it.
- When changes are applied to dispensing procedures, for example, extending prescription turnaround time from 3 days to 5 days, all efforts should be made to inform the customers.
- Issues being raised through the pharmacy which impact the patients should be brought to Primary Care Network meetings e.g. medication shortages and the implementation of Pharmacy First/additional services.

Develop clear and consistent messaging to raise awareness of Pharmacy First with both professionals and the public.

- Promotion aimed at the public could include social media, posters, using TV screens in waiting rooms and local radio. Also identifying those who are

less likely to be engaged with their community pharmacy and going to them.

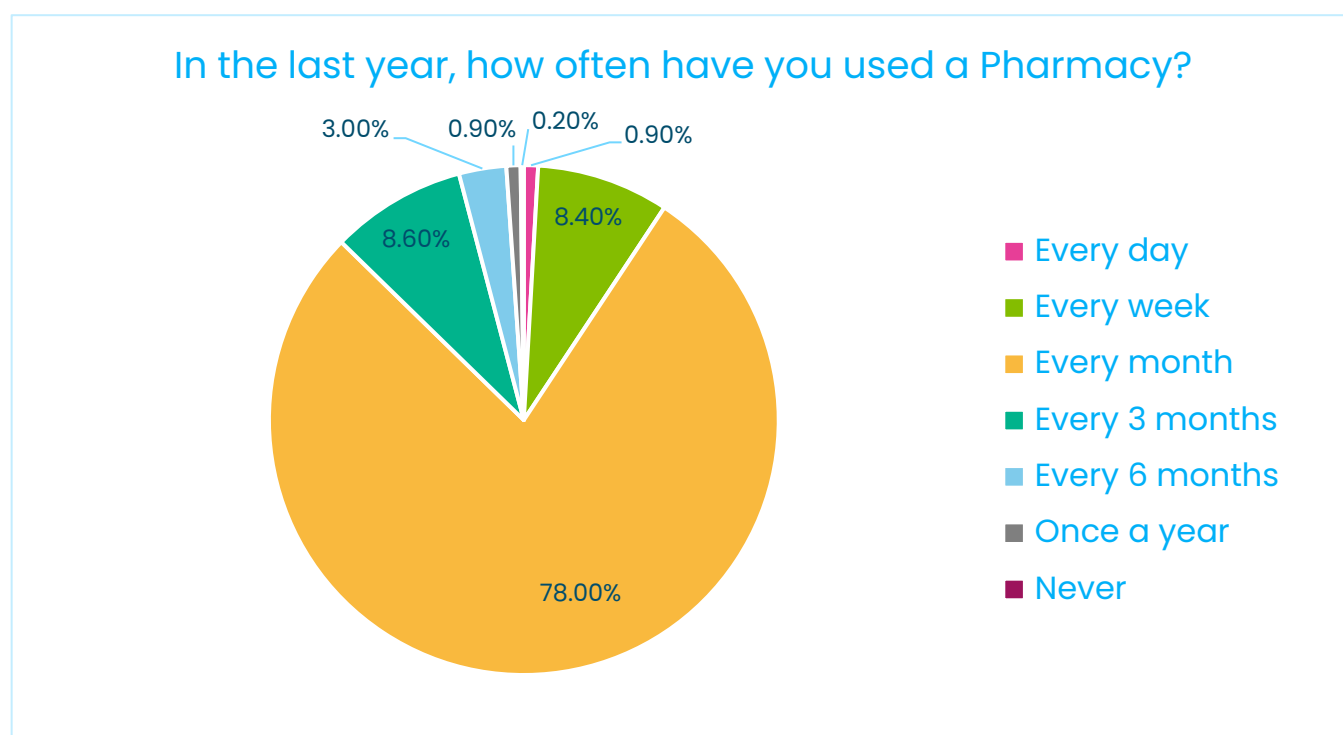
- GP Practices and Urgent Care services need to collaborate with pharmacies to make effective use of Pharmacy First and reduce pressure on their own services. Examples include Care Navigators being trained to effectively signpost or refer to the pharmacy and adding pharmacy services to GP websites and answerphone/ hold messages.
- We support the recommendation made by the 2024 Healthwatch England report about providing more funding and support with pharmacy premises, for example, offering longer contracts to ensure businesses remain sustainable to provide additional services.

Communication should be improved between the GP, pharmacy and the patient to ensure a personalised approach to get the best outcome for the patient e.g. enabling prescriptions to be aligned to the same monthly cycle.

- Consider working with the Digital Hubs around the county to provide basic training on using and accessing the NHS App to enable people to use this more effectively. E.g. to identify when prescriptions are ready and clarify if all medications are available.

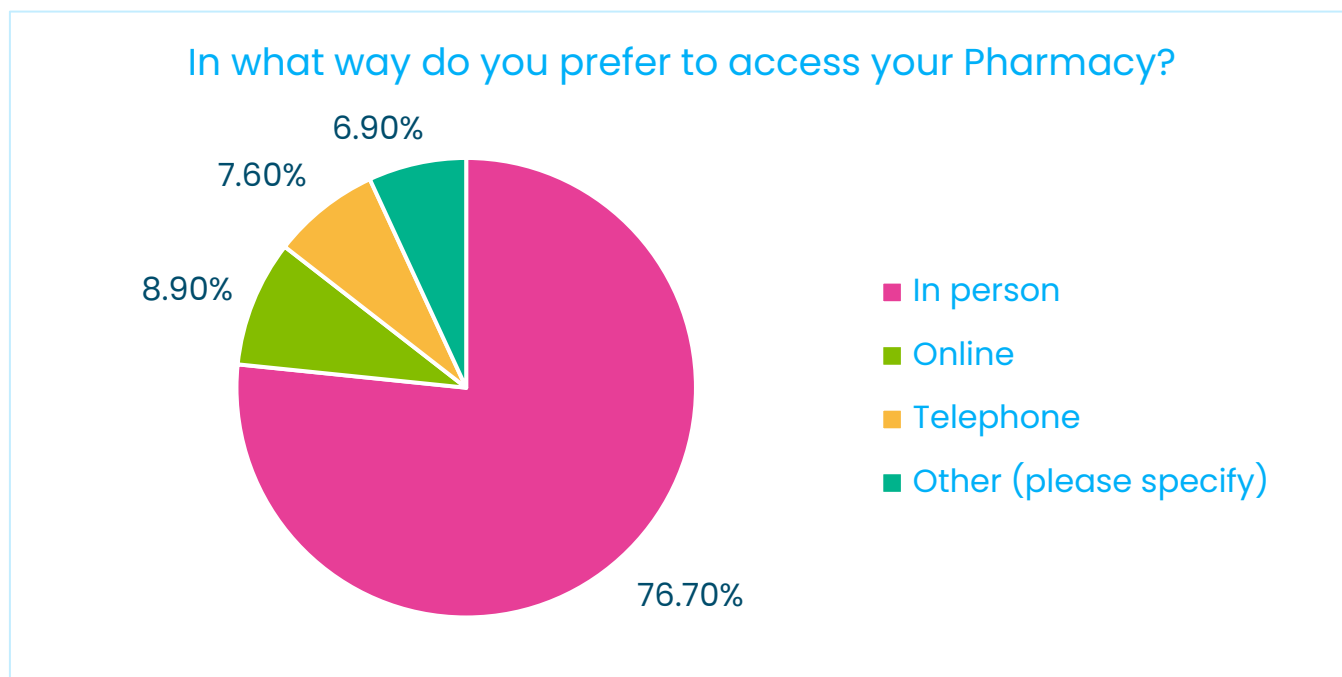
What people told us

How frequently are people using the Pharmacy and how do they like to access it?



Over three quarters of people use the pharmacy every month, whilst 8.6% use the pharmacy every three months and a further 8.4% who use it every week.

Most people like to access the pharmacy in person. The main reasons given were to ensure the prescription was correct, everything was there and for some, that the brand of medication they requested has been prescribed. However, people also noted some issues, such as prescriptions not being ready on time, long queues, the length of wait to be served and how the staff were run off their feet.



'The pharmacy is understaffed and overworked and there is nearly always a backlog.'

'Long queues in pharmacy.'

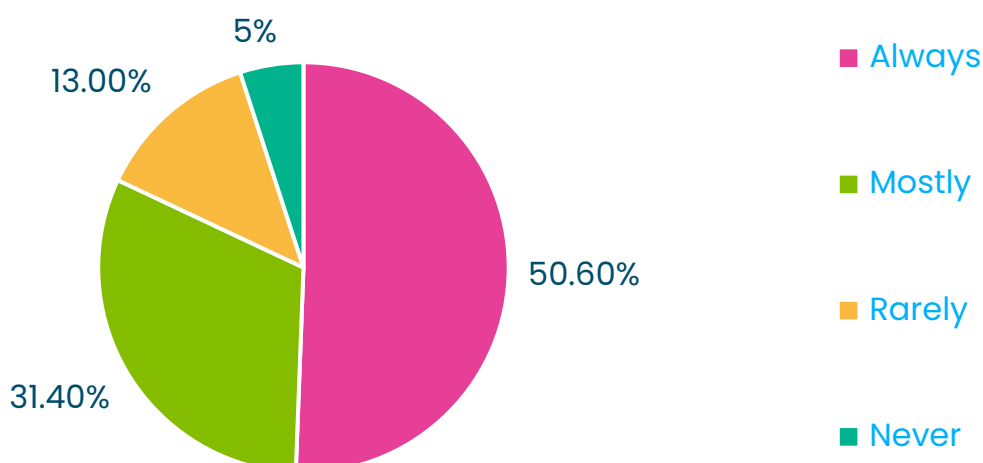
Approximately 9% of people prefer to access the pharmacy online. We heard that more people would like to ring their pharmacy, but lots of people commented on the phone not being answered and left waiting for a long time.

'Telephoning is hard as it doesn't always get answered.'

'Online is preferred but sometimes if it is a complicated query, it is better and reassuring to speak on the telephone or in person.'

82% of people either always or mostly use the pharmacy closest to home which means that 18% rarely or never do.

Would you use the Pharmacy that is closest to your home



Availability of medication was the biggest driver in determining which pharmacy people use, regardless of whether it is the closest pharmacy to their home, followed closely by quality of service and finally convenience.

'Medication not available for some reason. All medications should be available at any pharmacy to make things easier.'

'Availability of preferred brand.'

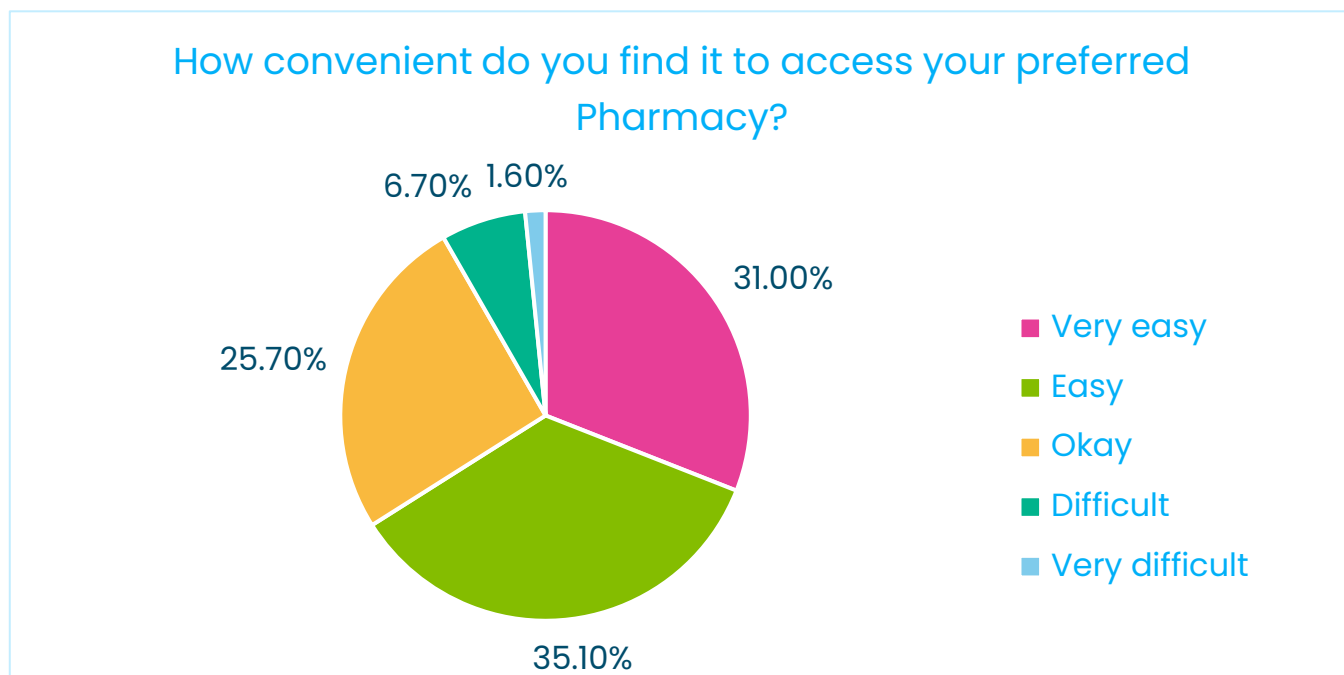
'The service and speed at the pharmacy I use is better than the one closest to home.'

'The one I use is near shops and parking.'

Some other reasons given for not using the one closest to home was because it was on a bus route, close to work or they have prescriptions delivered.

Over 90% of people said they find it 'very easy', 'easy' or 'okay' to access their preferred pharmacy.

'The service is very good; the staff are helpful and discreet, and the medications are always in stock.'



Those that found the pharmacy more difficult to access commented on the long wait times, temporary closures, or permanent changes to opening hours.

Pharmacy closures and changes

There have been some pharmacy closures and changes to working hours, so we asked people what impact this has had on them.

About a quarter of people answered this question with some very mixed responses. Some of those whose pharmacy had closed and then reopened under a new provider, had very positive comments to make.

‘Changed last year and much improved service.’

‘Had to find a new pharmacy, but the new one is excellent.’

However, others were less positive.

‘Reduced opening hours have made it even busier when it is open.’

‘Queueing to get in and then waiting for the prescription to be made up, despite ordering 5 days previously.’

‘It is harder to manage my health issues.’

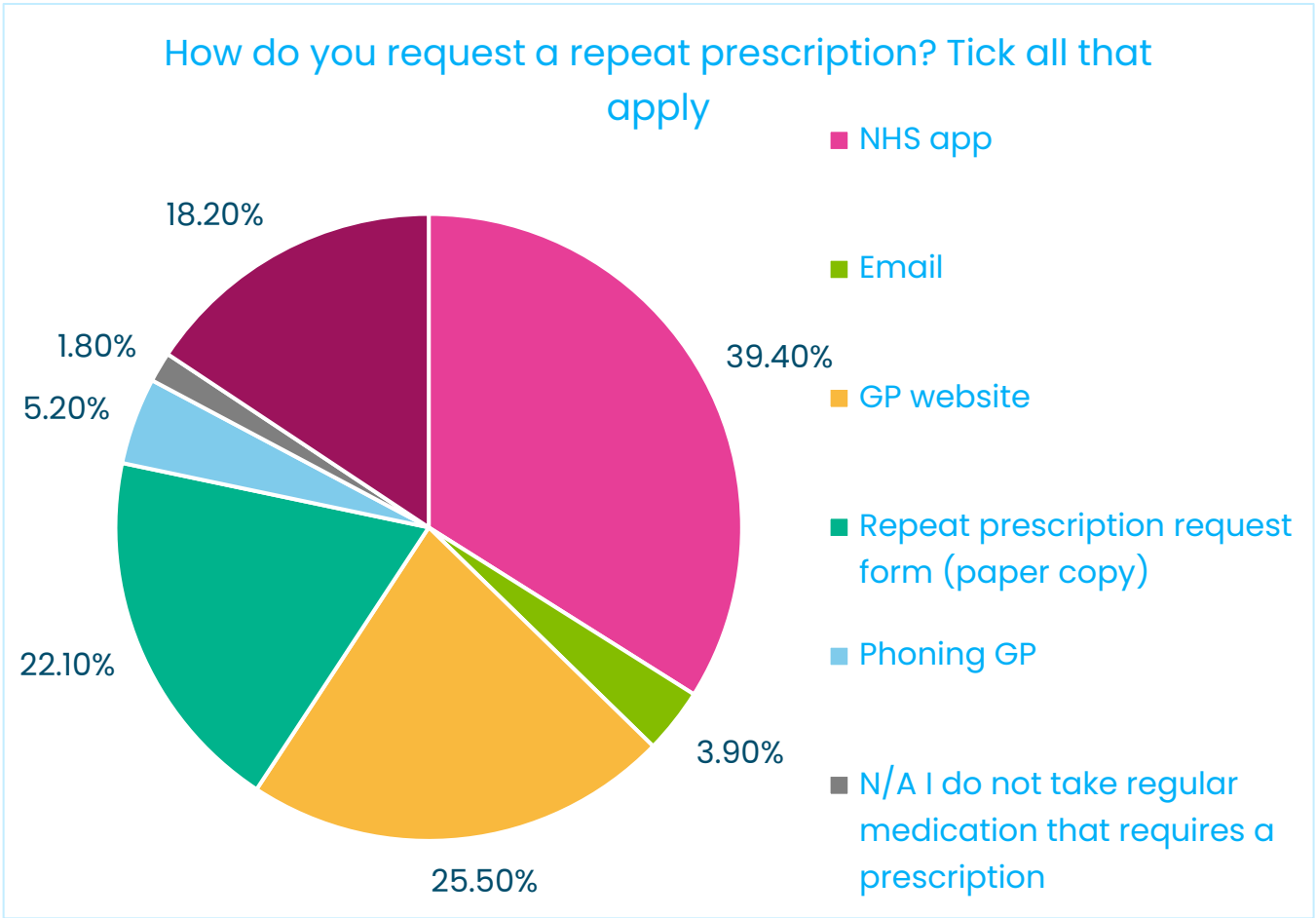
Some people answered the question, despite their local pharmacy not closing, because they wanted to highlight their views.

‘Neither changed, nor closed, but not good.’

‘I would be lost if it closed as I don’t drive.’

How do people request a repeat prescription and how do they like to receive their prescriptions?

The graph shows that most people use the NHS App to request a repeat prescription, followed by their GP website and using a paper copy repeat prescription form. The ‘other’ response option included Pathfinder, Systmonline, Pharmacy2U or said that the pharmacy sort it out for them.



Almost 90% of respondents said they found the process they use ‘user friendly’.

‘The NHS App is quite user friendly, although it’s not always obvious where to find everything.’

'It is easy as long as you have access to the internet.'

Those who did not find the process 'user friendly' gave the following reasons.

'The GP does not always put meds onto repeat, meaning I cannot order on the App and my husband has the same issue.'

'Even when I take my prescription in, it doesn't always seem to work.'

'I would like to use the process online but find it too confusing.'

75% prefer to pick up their prescriptions, 9.5% rely on a carer, friend or neighbour and 18% have their prescription delivered. 88% of people find the way they pick up or receive their prescriptions is 'user friendly'.

'They know me, and they are extremely helpful.'

'It gets me out of the house.'

For those who prefer to have their prescriptions delivered, the main reasons were because of mobility issues and to avoid queuing.

Issues between GP & nominated pharmacy

35% of people reported that they had experienced issues between the GP practice and nominated pharmacy when receiving prescriptions.

'Yep, they consistently blame each other for medications not being there or a problem arising. It's really infuriating, and someone could at least take responsibility and try and help. They just blame each other, and no one actually helps.'

'When a repeat prescription has ended, you are not notified you need to renew it.'

'I do not know there is a problem until I visit the pharmacy to pick up my prescription.'

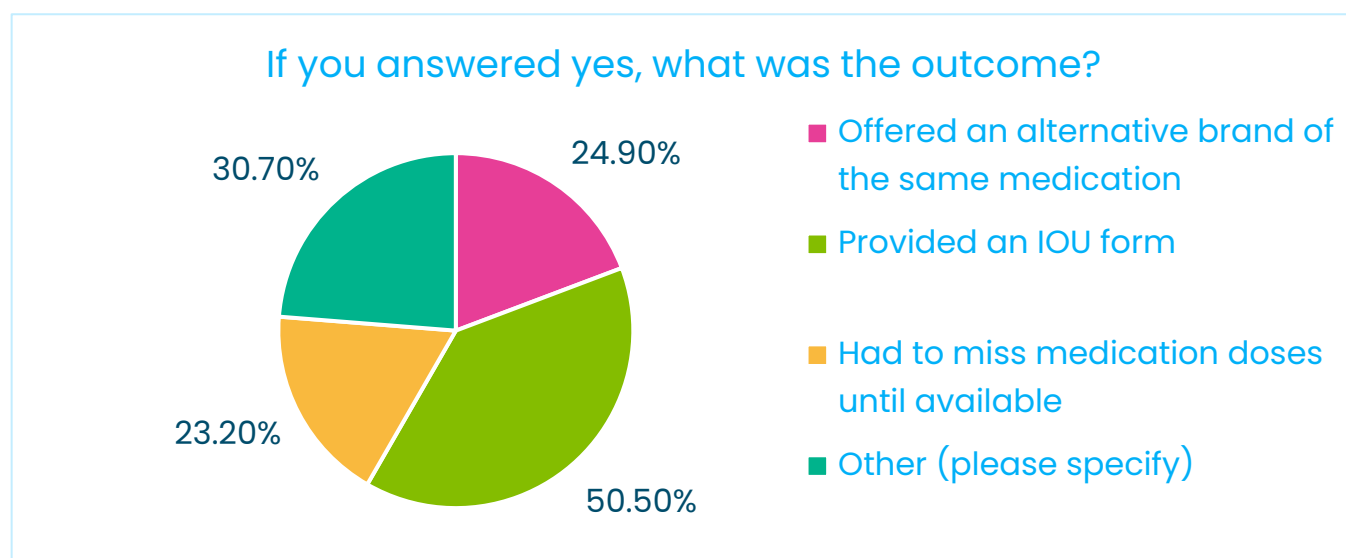
When asked what could improve this issue, some suggestions were:

‘Better communication between GP & pharmacy.’

‘A simpler way to request repeat prescriptions.’

The impact of medication shortages

This question prompted a huge response, with 68.4% of people confirming they have experienced their medications not being available or their prescription not being dispensed in full.



75% of people described a negative impact because of their medications not being in stock. The graph above shows that over three quarters of people were eventually able to get their medications in some way.

Among those that reported ‘other’ outcome in response to the question, most people were advised to come back another day or go elsewhere to have their prescriptions filled. Some people also shared their frustration at prescriptions not being aligned and therefore having to request multiple prescriptions each month.

29% of those who have experienced not having their medication dispensed in full reported feelings of frustration, annoyance and inconvenience.

‘I was frustrated, especially as I had no acknowledgement of the inconvenience from the manager of the pharmacy, which I left after many years.’

'I was advised to ring around other pharmacies to check stock levels, withdraw the prescription and then drive to a different one.'

'I had to visit 4 pharmacies to find what I needed in stock.'

26% of people reported feelings of anxiety and stress.

'It was very worrying, as there are some pills I cannot miss, even for a day.'

'It makes the process more stressful and time consuming.'

'I was extremely worried I would run out.'

A small number of people identified cost implications of repeated trips or having to resort to buying items online.

'Didn't have confidence in alternative; had to start buying item online'

The graph highlights that nearly a quarter of people had to miss medication doses. People told us about the impact this had

'Massive – these meds keep me stable mentally.'

'My wife had to reduce her medications and on a couple of occasions miss it completely which is worrying.'

'I had to go without and then ring the hospital to ask for an emergency supply.'

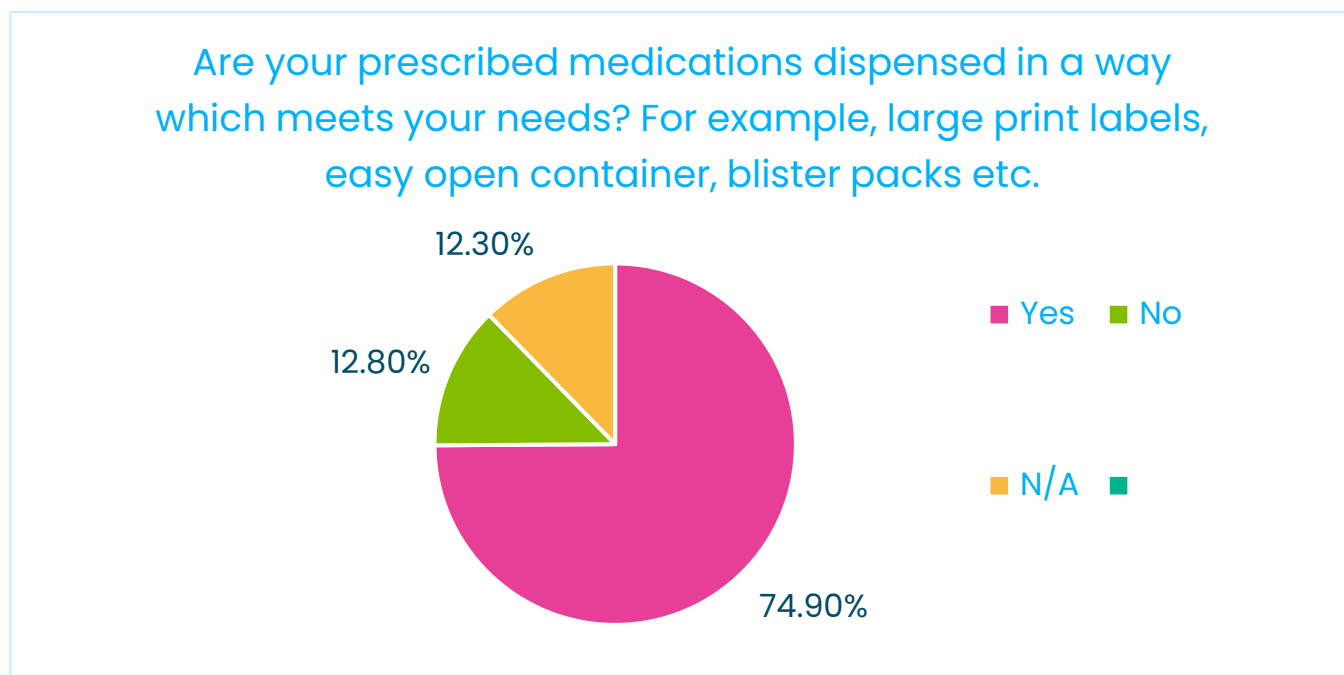
'ADHD meds are vital for my son so we have rationed to school days only to make them last longer.'

'Huge impact as a type 1 diabetic being left without insulin and needles on a number of occasions.'

Although many people acknowledged this was not the fault of the pharmacies, they still did not understand why this was happening so frequently in recent times.

Medications being dispensed to meet needs

Almost three quarters of people felt their medications were dispensed to meet their needs, whilst a further 12.3% said this was not applicable to them. 12.8% of people answered 'no' to this question, with some explaining they found the blister packs difficult to open, especially if the tablets were particularly small. Others said they would like to receive their medications in a dosette box, but this option was not available to them whilst others would prefer them in a bottle or similar.



Over a quarter of people receive a text when their prescriptions are ready, whilst others said this happens occasionally, but not consistently. Some people would like to be advised when the prescription is ready and for it to be clear if every item was available to prevent multiple trips to the pharmacy.

Paying for prescriptions

In the UK approximately 90% of prescriptions are dispensed free of charge. For those who do pay, the cost is currently £9.90 for each item.

Anyone under the age of 16; aged 16–18 and in fulltime education, or over age 60 are automatically exempt from most prescription charges. Some prescribed items are always free, including contraceptives and medication given to hospital inpatients.

With certain medical conditions or if on a low income or no income, an individual can apply for an HC2 Certificate by speaking to their GP or doctor and requesting an application form.

Other exemptions include most people on income support, Jobseeker's Allowance, Pension Credit and some people on Universal credit. It is an

individual's responsibility to check their entitlement before claiming free prescriptions.

The results from our survey show 75.7% of those who took part in the project, confirmed they do not pay for their prescriptions. Of those who do pay for prescriptions, 67% said they do not have any issues paying for them.

Therefore 33% of respondents who pay for prescriptions said they experienced some issues, including, sometimes not being able to afford to get their prescription filled; they may delay having it filled; can only afford some items for themselves; can only afford medicines for some family members or face other challenges.

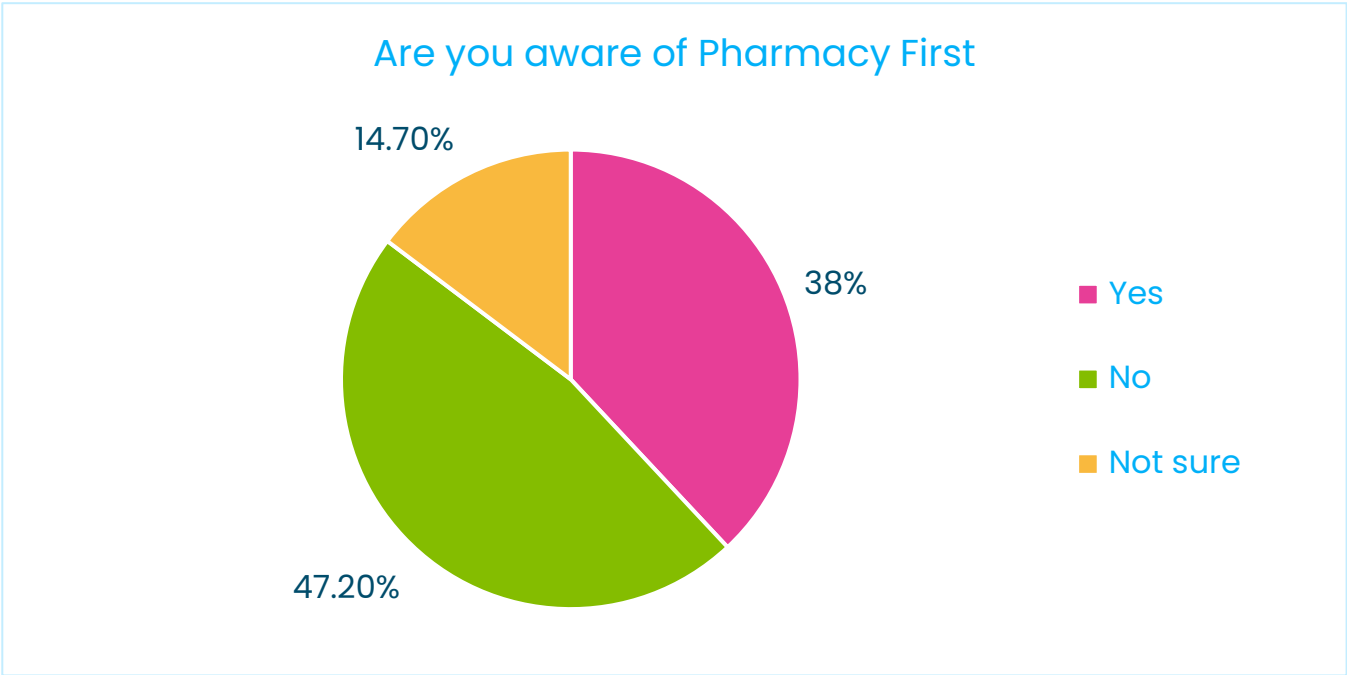
‘What I really want to say is I have to make sure I can afford my prescription even if it means not being able to have something else, because I cannot do without it. I would never miss my meds, but it is a struggle sometimes.’

‘I only have one prescription, so that is fine, but if I needed more, it could become an issue.’

62% of respondents said they are aware of the Pre-Payment Certificate.

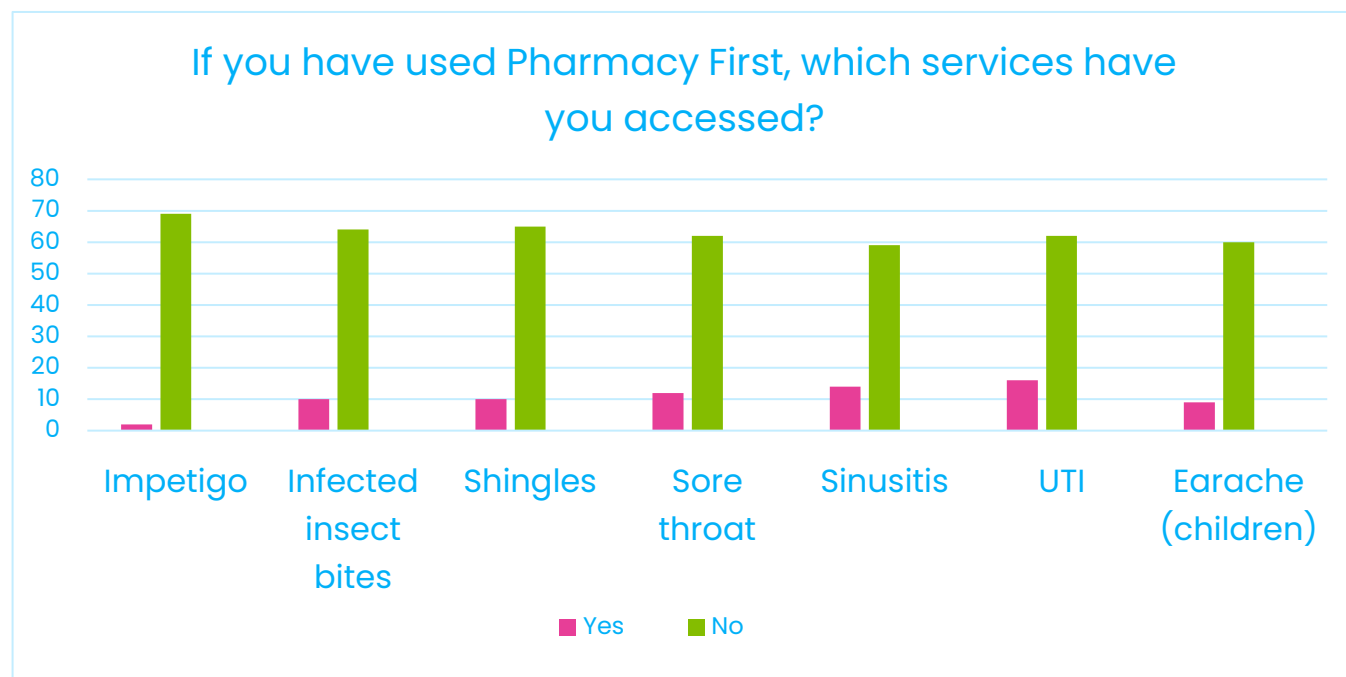
Pharmacy First

38% of people said they were aware of Pharmacy First, despite the service being available since early 2024. The remaining 62%, were either unaware of the service, or ‘not sure’.



Through our face-to-face engagement, when prompted, more people realised they were aware of this service, but did not know the name of it.

Very few people have accessed the service, due to lack of awareness. 73 people (17% of our overall sample) confirmed they had used the service to date, with the highest number of people (16) accessing it due to a UTI (urinary tract infection).



On a more positive note, 85% of people are aware their pharmacy has a private consulting room, with a further 11% saying they were 'not sure'.

When asked how confident they felt in the advice and guidance provided by their pharmacy, more than 63% of people said 'extremely' or 'very' confident. A further 26% said 'somewhat' confident and only 10% were 'not so' or 'not at all' confident.

The confidence people have in the advice provided appears to have grown since the Covid pandemic. During this time, people engaged more with their pharmacists as they were frequently involved in the vaccination rollouts and the public were encouraged to ask their pharmacist for general advice.

'The pharmacist was very helpful and put my mind at rest.'

'They are always available to advise and recommend treatments.'

'It is very reassuring to be able to see a healthcare professional on the same day, rather than wait days/weeks to see a doctor.'

One recurring comment has been around the phrase 'consulting room', with lots of people saying it is not a private space and others in the pharmacy can clearly hear what is being said.

'My local pharmacy has a 'consulting cupboard', rather than a room!'

Other Services

We then asked if there were any other services people would like to see the pharmacy offer.



The word cloud shows the most popular answers, although others also mentioned foot care; expanding Pharmacy First; hearing tests; intolerance testing; checking urine samples; hormone tests; RSV vaccine & cholesterol checks.

Visiting Pharmacies in Gloucestershire

We visited 13 Community Pharmacies across Gloucestershire in January 2025 to understand more about the roles they play within the community, as well as some of the challenges they are facing. During these visits, we spoke to 13 Pharmacists, 6 of whom were Independent Prescribers and 3 were locums.

Everyone else was permanently employed, although weekly hours varied from part time to full time. Other people we spoke to included 2 Business owners, 6 Dispensers and one Dispensary Manager, 2 Counter Assistant, 2 Accuracy Checking Technicians and one Assistant Manager.

Staff had been employed from one year to 25 years. Everyone that we spoke to talked highly about their role but acknowledged that things had become more challenging over recent years.

We found that very few pharmacies had staff vacancies. However, we heard that despite the increased Pharmacy First responsibilities, the minimum staff numbers that pharmacies have been used to working on have remained the same. This means that sometimes they feel like they are short-staffed despite technically having no vacancies. We heard that pharmacies haven't been able to increase their staffing numbers as this would mean running at a loss. Due to the small numbers of staff working in the pharmacy, some raised concerns about getting the right balance of skills amongst the team each day to ensure that they can fulfil the requirements of their services. Where one pharmacy had a part time vacancy, another member of staff on a part time contract agreed to pick up some extra hours temporarily which has addressed the shortfall for the time being. One pharmacy was currently struggling with staff numbers due to sickness. Although time consuming to organise, they said that they can manage this on most occasions due to having a pool of staff in the area to draw on due to being part of a chain.

Medication shortages

Due to the impact of medication shortages being the biggest issue raised in our public survey, we wanted to ask the Pharmacists how this is managed. All Pharmacists acknowledged this was very challenging for the pharmacy. When asked on average how long they spent managing medication shortages, 4 said one hour a day, 2 said 1-2 hours a day and 3 said at least 2 hours. Others felt unable to give us a reliable figure. One Pharmacy Dispenser said that he had a dedicated role just to deal with the workload. If a pharmacy does not have the medication in stock, there is a process to follow before an alternative medication can be dispensed, which should involve speaking to the patient to discuss the options and returning the prescription to the GP to prescribe an alternative medication. For example, so that they can either dispense more of a lower dosage and ask the patient to take more tablets to make this up, or by changing the drug altogether.

The administration for this is very time consuming. Several Pharmacists mentioned the Serious Shortage Protocols (SSPs) which has been a '**game changer**'. For a small selection of medications, for example HRT, if there is a shortage, this allows Pharmacists to change the brand of medication without the need to go back to the doctor.

We also heard about the high tariffs being placed on medications. Some Pharmacists referenced Brexit as a possible factor in this. Many medications are being produced out of the country and can exceed the NHS tariff which makes it

too expensive to purchase. We did hear an example of issues like this being taken to monthly Primary Care Network meetings which the Pharmacist found supportive to try and collectively find solutions to meet local needs. Pharmacies are also in competition with supermarkets for over-the-counter medications and therefore try to keep their prices as low as possible. However, with fluctuating costs, one pharmacy told us that even for something like paracetamol, they sell it in the pharmacy for 30p but sometimes the cheapest they can buy it for is 32p, so this is a loss.

The Pharmacists and pharmacy staff said they understand why the public find medication shortages frustrating and worrying and said this is difficult for them as well as they want to provide a good service. One Pharmacist told us that **"it breaks you"**. Some gave examples of when they have had to deal with customers who they understand are upset and angry with the situation, but there is not much more they can do as there is a national shortage, not just the problem of the individual pharmacy. One Pharmacist showed us a Google review that had been left by a person who had become angry at not being able to get their medication and highlighted that negative reviews can be very damaging for businesses. This can also have a negative impact on local people if they lose trust in services, especially if it is the only pharmacy in the area.

All the pharmacies we spoke to said they try to look forward and pre-empt what will be needed so they can order medication accordingly, but we found that some pharmacies appeared to have more success than others in obtaining stock if they were able to access more suppliers.

'We are fortunate that being an independent pharmacy, we are able to use more suppliers than some of the bigger chains, which gives an advantage to us, although some medications are harder to find no matter how many suppliers we use. We have access to 5-6 suppliers for all our medications.'

We heard that some pharmacies have updated their prescription turnaround time from 3 days to 5 days to account for the extra workload.

Pharmacy First

With regard to the Pharmacy First scheme that was introduced last year, overall pharmacies were positive about it, as they recognised that it could reduce pressure on other services and gave them an opportunity to use more of their skills. Many felt that the Pharmacy First initiative is better for customers and means they don't have to wait 2 or 3 days to see a GP. However, all expressed concern about how it has been implemented in terms of being communicated to the public and the need for it to be invested in properly by the Government to allow the pharmacies to reach the new targets they are being set.

A consistent theme was the mixed messages the public have received on what Pharmacists can treat, which sometimes causes problems. If the service is used correctly then it works, but sometimes the patient ends up going back and forth between the pharmacy and the GP.

Some were concerned that the impression given to the public is that if they come into the pharmacy then they will be seen straight away. It can lead to frustration from people when they are told they need to wait or make an appointment later in the day if the pharmacy team is busy doing other things for example, preparing medications, or the consultation room is already in use.

‘At the moment patients are not fully benefitting due to other demands already on community pharmacy which means they aren't able to give full capacity to meet patients' expectations.’

We heard that a consultation might only take a few minutes, but it can take up to 20 minutes to complete the paperwork.

Similarly, one Pharmacist told us that Pharmacy First has been advertised by the NHS, but badly, leading to unrealistic expectations.

‘Someone came in the other day because they had seen an advert on a bus stop saying that you can have your ears checked, so we had to explain that it only applies to children under 17. People don't understand why, and we bear the brunt of it. Same with 70-year-old women asking for UTI checks – we can't as they don't fall into the criteria outlined by Pharmacy first. Sometimes I think about seeing them anyway, but then you can't do that for everybody, and people will ask why not – you can't bend the rules for everyone.’

Several Pharmacists said that they would ideally install a second consultation room to be able to cope with the demand better, but they would need to be assured of proper remuneration first. The Pharmacy First scheme is only a year-long contract and the Pharmacists spoke about feeling in ‘limbo’ over whether they are expected to continue to carry out this service from April 2025, making the point that if they are only being offered a one year contract then they would not get a return on their investment if they were to implement changes such as increased staffing and additional consultation rooms.

Issues between GP and pharmacy

There were mixed responses about how things were working between the GP practice and the pharmacy. We heard that in some areas, GPs are not always referring patients to the pharmacy in accordance with the 7 Pharmacy First conditions. As GPs get paid per consultation for these same conditions, there was a feeling that they might not be referring patients to the pharmacy as they would lose income by doing so. Therefore more 'buy in' is needed from GPs as the knock-on effect is that Pharmacies have a cap in terms of number of consultations that they need to reach per month, or else they lose money. This ability to reach the cap appears to be a concern in rural areas where the population is fewer and more spread out, but also in urban areas where there are more healthcare providers offering very similar services in close proximity to each other.

One Pharmacist highlighted the need to work collaboratively with other services in the area to ensure that the patient gets the best outcome that works for them. In response to being asked about the Pharmacy First scheme, they said:

'Love it! We are very eager to participate. The close proximity of the Health Access Centre and the available facilities limit our participation, however we can use this to our advantage in some circumstances and where we are able to effectively collaborate; as an example, very recently a throat infection was recognised by the Independent Prescriber who referred the patient to the surgery (which is in the same building) and testing and treatment followed immediately, avoiding hospitalisation which would have been necessary if diagnosis had been delayed by even 1 or 2 days. This is an example of how such early diagnosis could be effective in improving capacity in hospitals. Oral contraceptive referrals are welcome as are blood pressure checks, as part of the Pharmacy First programme although the proximity of very comprehensive facilities at the surgery restricts our involvement.'

On the other hand, we also heard that some GP practices are referring people to the pharmacy for services they are not able to provide. It was unclear whether some GPs and Receptionists/Care Navigators were aware of the criteria outlined for each of the 7 conditions. One Pharmacist said

'We only get paid for certain things and not others. We can't help people if not getting paid. It is already stressed and fast paced. There is a big reliance on the GP in this area but if people are going to GP repeatedly

and the GP doesn't feel there is anything more they can do or can't see them at the time, they ask them to complete e-consult or send them to us to join the back of the queue. It is especially challenging for the elderly and people who don't have English as their first language. Sometimes we can deal with things but other times we have to refer people back to the GP. But if they already feel turned away from the GP or unable to complete e-consult form, then they get frustrated and say they give up and will just go home. At times we have sent staff to follow them and encourage them or made a referral to GP on their behalf. And the GP has then followed it up with a phone call.'

Other challenges included GP surgeries notifying patients by text message that their prescription is ready to collect, when in reality it means they have just sent the prescription to the pharmacy – it still takes time for the pharmacy to prepare the medication. Similarly, we heard that people often come directly from their GP appointment expecting the medications that the GP has prescribed to be ready because they have been informed the prescription has been sent to the pharmacy.

However, one pharmacist we spoke to explained that they hold monthly meetings with their Primary Care Network (PCN) where things like this and medication shortages can be discussed. They found the PCN to be **'very supportive'** when issues are raised, further highlighting that collaboration and communication with other local providers and services can be very effective.

Additional services

Many pharmacies are already providing additional services either through NHS contracts or private business, for example, providing blood pressure checks, oral contraception, Covid/ Flu vaccinations, smoking cessation, C- card, weight loss injections and earwax removal.

'The whole team are very proactive if someone comes in and asks for help and advice and we try to help everyone as much as possible. We also ensure we ask those who are eligible if they would like a blood pressure check when they come in to pick up their medications.'

Some pharmacies we spoke to said they prepare dosette boxes (weekly medication boxes) for individuals, particularly in rural areas, as there were several Care Homes in the area as well as people who have assisted living support. We heard that this is a service they would like to do more of as they recognise the value of enabling a person to be more independent with their

medication, and they often get requests from GPs to do this. However, due to the additional time it takes to prepare dosette boxes, they are struggling to take more on.

Some noted that access to additional services for customers is constrained by restrictions on Independent Prescribers to prescribe certain medications, despite having professional training.

'I would like to apply more generally my skills as an Independent Prescriber in effective diagnosis of patients. Improved access via the pharmacy is much more convenient for patients and will help to improve health in the community, especially in collaboration with the surgery.'

Cost of Living impact

Across Tewkesbury, Stroud and the Vale and the Cotswolds, we heard there have been a few occasions where people are declining medications on their prescription due to cost. The reason given for this is that typically 8 or 9 people out of 10 are exempt from paying for prescriptions. Across the Forest of Dean, and urban areas of Cheltenham and Gloucester, pharmacies told us that they have seen an increase – possibly due to there being more areas of deprivation in these areas and having a younger population of people.

The pharmacies explained there has been a noticeable difference in recent years but particularly in the last 6 months. They believed this is because of the price of prescriptions going up to £9.90 and changes to the threshold for Universal credit meaning that a lot of people who were exempt, aren't any longer.

'They are ticking their medications on their script as normal but then receiving £100 fines in the post not realising. They come into the pharmacy with the letters, but we can't do anything as the responsibility for this is with the person. But how are they supposed to pay the fine as they are struggling anyway. It's not right.'

In these areas, we heard there is a concern particularly regarding young people, they are either not ticking some medications on their script, or on collecting their medications they are handing them back over the counter saying they cannot afford them. On many occasions, prescription medications prepared by the pharmacy are not collected at all, even things like antibiotics. This takes time for the pharmacy to prepare the medication, the medication then stays on the shelf for collection for around 2 months, and then the pharmacy dismantle the medications, add it back in to stock, and returns the prescription to the GP. Because of the amount of medication that is not being collected and the time it

takes to manage this, one pharmacy we spoke to has changed the way that it is preparing medications. They are now only preparing a person's medications when they arrive to collect it. However, this has a knock-on effect on the customer as it means they must wait, but they are not aware of the reasons why.

We heard how some pharmacies are supporting people to get Pre-Payment Certificate (PPC) while they are in store. For any person who is paying for more than one medication monthly, the PPC saves a significant amount of money. The pharmacy can complete the application and take the person's email address to forward them the pre-payment certificate. However, to do this, the customer needs to pay the annual fee upfront as the pharmacy can't complete the direct debit mandate on their behalf. Since 1st April 2023, people have also been able to purchase an HRT Pre-Payment Certificate. Pharmacists recognised the need for this to support women, especially in the early stages when they might be trying different types of medication and doses to work out what suits them best.

Upskilling pharmacy staff

We found there was a culture of training in-house and identifying opportunities to invest in staff. Many people we spoke to in the pharmacy had been working there over 10 years.

'I enjoy helping people and I have also been trained to dispense, which I enjoy'

'When the manager is away, I am responsible for the prescriptions for two care homes we look after and for checking and ordering the stock we hold in the shop'

'I (Dispenser) would like to undertake ACT training/qualification.'

Many people said that given appropriate training they would be happy to do things like blood sampling, diabetes monitoring and cholesterol monitoring as well as provide signposting for health improvement such as smoking, diabetes and guidance on available services via Pharmacy First. However, the lack of financial support to do this and existing workload pressures mean that there are few opportunities to be able to do this training.

Work/life balance

Generally, the Pharmacists and pharmacy staff we spoke to said they had a good work/life balance. Where they did not, was mostly in relation to working toward becoming an Independent Prescriber or the nature of being a business owner.

'I am working to be an Independent Prescriber, so am very busy, although I know this will not be forever and I am looking towards the future. I protect one day each week where I do not do any work, and this helps me to relax and manage my life at this time.'

'I don't have time to train to become an independent prescriber – I can't afford to do the training because of financial impact and less time with the family.'

One Dispenser we spoke to highlighted the following:

'Generally, yes, although sometimes feel duty bound to take on additional work outside normal hours. Such unpaid hours are my choice, and such responsibilities are accepted in this work.'

Further thoughts

We were told that working in pharmacy used to be lucrative but not anymore. There is concern about pharmacies closing or being close to closing.

'The community is so much bigger than it used to be, and we are the only pharmacy in the area so in turn we are much busier than we have ever been.'

Pharmacies close to our border also mentioned that many of their customers live out of county, but because they work on Gloucestershire, it is more convenient to use the pharmacy on the Gloucestershire border as their local pharmacy would be closed by the time they got home.

People also told us that it can be easier to call in a locum as it is less responsibility. Because of the pressures in Community Pharmacy, there is a concern that newly qualified Pharmacists will choose to work in hospitals or GP practices where they don't have to deal with customers as much, don't have to worry about the overheads, and can work more regular hours. There are even opportunities to work from home. It was acknowledged what a shame this would be because of the rewarding nature of Community Pharmacy. One person we spoke to told us

'Our work is socially significant, and we are very aware of its importance, even delivering medications and other additional duties outside normal working hours.'

In terms of future planning one Pharmacist said:

'I would like to ensure easy accessibility to all our customers. Ideally it would be good to have someone to help with the dispensary stuff and free me up to help the public more, but I appreciate there is a cost associated with this. I would like us to be in a situation where someone comes in to ask for help and advice and does not start the sentence with "if you are not too busy....". I would like it not to be that way, and instead people came in and knew we had the capacity to help them. I would also like us to be able to train the staff up to do more, so they could offer more services to the public and get more job satisfaction.'

Stakeholder response

NHS Gloucestershire Integrated Care Board (ICB), the commissioners of community pharmacy services for the population of Gloucestershire, is keen to work with HWG to review this report's finding and recommendations. Below is an initial response under four themes.

1. Funding and sustainability

The ICB is aware that Community Pharmacy Contractual Framework negotiations with the Department of Health and Social Care and NHS England by Community Pharmacy England re-started in January 2025. At the current time (March 2025) pharmacies remain out of contract and are working with 2019-2024 funding arrangements. The ICB is very mindful of the challenge this places upon local pharmacies and hopes that negotiations are concluded as quickly as possible.

As HWG will be aware, approximately 10% of the population are required to pay for their prescriptions. The ICB would be very happy to work with HWG on communications to raise awareness of Pre-Payment Certificates (PPC), including the relatively recently introduced NHS Hormone Replacement Therapy PPC.

Regarding the potential for recycling of blister packs, the ICB understands that several of the larger national pharmacies e.g. Boots and Superdrug state that

they recycle blister packs. The ICB's medicines optimisation team is currently working on understanding what the recycling offer is locally.

2. Medication supply process

The ICB recognises that medicine shortages and supply issues are significant issues for patients and community pharmacies locally. The situation is complex and often cannot be resolved locally. There are many contributory factors; which include restriction on supplies by pharmaceutical manufacturers and issues associated with the UK's departure from the European Union.

The ICB is aware that some local pharmacies text patients to confirm receipt of a prescription and to inform them when their prescription is ready or to let them know that there is a problem. This is good customer service but non-contractual requirement.

With respect to items missing from prescriptions at collection; the ICB is aware that communication between pharmacies and GP surgery teams is variable across the county (see 4 below).

3. Pharmacy First awareness raising

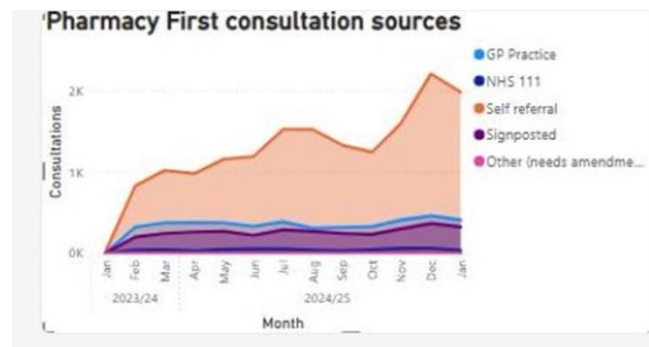
The ICB communications team has been extremely active with developing local videos for each of the seven PF conditions¹, social media, posters and leaflets to promote Pharmacy First to the public and system colleagues. Campaign materials have been made available on the NHS Gloucestershire Extranet for GP practice and community pharmacy teams to share in waiting areas and via their own social media channels.



¹ Pharmacy First – communication VIDEOS

1. [Pharmacy First - Impetigo \(Golnaz\)](#)
2. [Pharmacy First - Shingles, Abdul - YouTube](#)
3. [Pharmacy First - earache, Ramesh](#)
4. [Pharmacy First - sore throat, Lay](#)
5. [Pharmacy First - Insect bites and stings, Matt](#)
6. [Pharmacy First - UTI, Pauline](#)
7. [Pharmacy First - Sinusitis, Sarah](#)

This local campaigning has resulted in NHS Gloucestershire ICB being ranked 9/42 ICB's in January 2025 for the 7 clinical pathway consultations offered by the PF scheme. Most of these individual contacts with pharmacies were self-referrals, although GP referrals to PF have remained steady locally. Some elements of PF, such as minor illness and emergency prescriptions do require an e-referral and patients need to contact their GP practice team first. The following chart shows the breakdown of sources of patient contact with PF January 24 to January 2025 in Gloucestershire.



The ICB would be interested to ascertain from HWG which groups reported low awareness of Pharmacy First (PF) so that the ICB can address this with targeted communications. The older population has not been the target group for PF as many will have co-morbidities and therefore may be excluded from PF services. Often the older population also have longer established patterns of accessing care making it more difficult to influence them towards new ways of accessing healthcare. The focus of PF has been on 18-40 year olds and therefore exploring the experience data demographics with HWG will be useful.

4. Communications between patients, prescribers and community pharmacies

The ICB knows there are examples of both excellent and poor practice in terms of communications between GP practices and community pharmacies. The ICB's Community Pharmacy Primary Care Network Engagement Leads are already influencing and supporting the building of constructive working relationships. There are also new digital options which may offer solutions to this issue. However, many of these would currently be non-contractual.

The issue of aligning prescriptions to the same monthly cycle is known as 'synchronisation'. It is often difficult to achieve if medicines are started at different times. As much as possible people on repeat medication should have at least an annual structured medication review with a clinical pharmacist at their surgery and this could support synchronisation as identified in a 'what matters to me' patient centred consultation.

The ICB launched a new "Only Order What You Need" campaign last year urging people to only order the medication they need from their repeat prescriptions to reduce waste: <http://www.nhsglos.nhs.uk/link/medicines-waste>

The Royal College of General Practitioners and Royal Pharmaceutical Society published a repeat prescription toolkit last year, the ICB is reviewing how to adopt this tool locally to best effect.

Thank you to Healthwatch Gloucestershire (HWG) for undertaking this important engagement project designed to find out about local people's experiences of community pharmacy services in Gloucestershire.

Thank you

Thank you to everyone who took the time to share their experiences with us and completed the survey. Also, to the staff and people attending the various groups around the county, for welcoming us and sharing their experiences. Finally, thanks to the Pharmacists and their team members around the county who spoke so frankly and passionately to us and shared their thoughts on working in a community pharmacy.



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