

Community Pharmacy Awareness and Experience: Staff and Public Engagement Report 2025

NHS Lincolnshire Integrated Care Board

Engagement Period: 17 October – 30 November 2025
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Introduction

Following discussion of the Public Health and Health Inequalities chapter of the Lincolnshire Community Pharmacy Strategy in September 2025, NHS Lincolnshire Integrated Care Board (ICB) undertook a programme of engagement to understand the awareness and experiences of community pharmacy services across Lincolnshire. Three surveys were developed to capture the views of patients, healthcare professionals and community pharmacy staff to help inform future service development and partnership working. This work supports the ICB's commitment to strengthening preventative care, improving access, and maximising the contribution of community pharmacy within the wider health and care system.

Between **Friday 17 October and Sunday 30 November 2025**, three complementary surveys were undertaken to capture views from **3** key audiences:

- 1. Public and Patient Survey on Community Pharmacy**, open to patients and members of the public to share experiences or views, including those who have not previously used community pharmacy services (227 responses)
- 2. NHS Staff and Stakeholder Awareness Survey on Community Pharmacy**, aimed at NHS staff and system partners who refer or signpost patients to community pharmacy services (42 responses)
- 3. Community Pharmacy Staff Survey**, distributed directly to staff working within community pharmacies to understand frontline perspectives on service delivery, collaboration, and workforce experience (12 responses)

The surveys were promoted through targeted email communications, ICB webpages, social media channels, and partner networks. They were designed to provide a comprehensive view of how community pharmacy services are understood, accessed, and experienced across Lincolnshire.

Feedback gathered through this engagement will be used to:

- Understand the role of community pharmacy in addressing health inequalities
- Identify opportunities to improve awareness, referral pathways, and collaboration across health and care services
- Inform future training, communication, and service development priorities

This report summarises findings from the three surveys and outlines the key themes and recommendations.

Executive Summary

1. Public and Patient Survey on Community Pharmacy

- 277 responses were received from all Lincolnshire districts. East Lindsey had the highest number of responses (31%, n=86).
- **Source of health advice:** Community pharmacy was the most commonly reported source of advice for non-urgent health issues (46%, 123/270), followed by the NHS website (37%, 101/270) and GP practices (32%, 87/270).
- **Awareness** the results suggest that awareness, previous use and willingness to use some community pharmacy services vary across respondents, particularly for newer or more specialised services. This highlights ongoing opportunities to further strengthen public awareness and understanding of the range of services available through community pharmacies.
- **Happiness to visit** Overall, the results suggest a generally positive experiences of visiting community pharmacies among survey respondents. 80% of respondents reported being happy to visit a community pharmacy (very happy 48%, mostly happy 32%). A smaller proportion reported being not very happy (8%, 18/214) or not happy at all (8%, 17/214), while 4% (8/214) said they did not know.
- **Barriers** Some respondents reported barriers to using community pharmacy services, including a preference for GP care, concerns about waiting times and privacy, uncertainty about pharmacists' expertise, perceived lack of relevance of some services, and local access or availability issues. The most commonly selected factors that would encourage greater use were more information about the services pharmacies provide (43%, 86/198) and shorter waiting times compared with GP practices (42%, 84/198).
- When asked what **worked well** when using community pharmacy respondents highlighted friendly and helpful staff, quick and efficient service, knowledgeable pharmacists, and the convenience and accessibility of local pharmacies compared with GP appointments.
- Suggestions for what **could be improved** included reducing waiting times, addressing staffing pressures, improving prescription processing and GP to pharmacy communication, strengthening privacy, and providing clearer information about services.
- When asked **what more community pharmacies could do to support people to live well**, respondents highlighted improvements to prescription processing, expanded services, better awareness of services, and improved opening hours and staffing.

Executive Summary

2. NHS Staff and Stakeholder Awareness Survey on Community Pharmacy A total of 42 responses were received from NHS staff and system stakeholders. The largest groups were nursing staff and non-clinical roles (both 21%, 7 respondents), followed by medical staff (17%, 7 respondents) and pharmacy professionals (12%, 5 respondents). Most respondents worked in GP practices (12) by mainly administrative staff and a small number of dispensary staff. Other responses came from Mental Health Trusts (9) and the community and voluntary sector (6).

Staff Awareness: Most respondents reported good awareness of community pharmacy services prior to the survey. Over half said they knew a lot (58%, 22/38 respondents), while 42% (16/38 respondents) said they knew a little. No respondents reported low or no awareness of community pharmacy services.

Staff Awareness per Service Awareness was high, with 97% aware pharmacies dispense prescriptions, 95% aware of vaccination services, and 92% aware of over-the-counter medicines and blood pressure checks. Awareness of Pharmacy First conditions was also strong (76–89%), while awareness of some preventative services was lower, such as long-term condition case finding (41%) and substance misuse support (27%) (37 responses).

Signposting to community pharmacy services varied amongst staff respondents who most frequently reported signposting for over the counter medicines (42% weekly or more) and dispensing prescription medicines (41% weekly or more). Some Pharmacy First services were also signposted to regularly, including sore throat (21% weekly or more) and urinary tract infections and sinusitis (19% weekly or more). Many respondents reported never signposting for some preventative or specialist services, including sexual health advice (90%), support for substance misuse (80%), long-term condition case finding (73%), and oral contraception services (65–74%).

Referring patients to community pharmacy Staff most commonly referred patients to community pharmacy to reduce demand on GP appointments (72%, 21/29), with convenience for patients and confidence in pharmacy teams also key reasons (both 59%, 17/29). Among those who had not signposted patients this was mainly due to role relevance, uncertainty about services, or patients requiring direct clinical care. Percentages for reasons not to signpost were generally lower, reflecting that fewer respondents reported barriers to signposting compared with those reporting reasons for referral.

Perceptions of Community Pharmacy's role in reducing health inequalities Overall, 67% (20/30) felt community pharmacies support reducing health inequalities well or very well (20% very well, 47% well). A smaller proportion felt this was poor or very poor (13%, 4/30), while 20% (6/30) were unsure.

Increasing use of community pharmacy services: Staff highlighted clearer communications and resources for staff (70%, 19/27), patient-facing materials such as posters or leaflets (67%, 18/27), and additional staff training (59%, 17/27) as key ways to support greater use.

3. Community Pharmacy staff survey received 12 responses. Community pharmacy staff reported high confidence in their understanding of health inequalities (91%, 11/12) and highlighted groups most affected locally including people on low incomes, older adults, people experiencing homelessness, and those with mental health conditions.

Staff felt pharmacies can play an important role in reducing health inequalities through health advice, signposting and collaboration with local services, but highlighted the need for stronger partnerships, dedicated funding, and additional training to support this work.

Survey Promotion

Public and Patient Survey

- Continuously promoted via the ICB Engagement Bulletin, a regular public-facing newsletter highlighting opportunities for residents to share their views and get involved with the local NHS.
- Shared with GP practices, community pharmacies and provider partners for onward promotion.
- Digital posters featuring a QR code were developed and circulated to stakeholders to support further promotion.
- Circulated through Healthwatch, voluntary sector networks and key stakeholders.
- Advertised via the ICB website social media and the Nextdoor platform.
- Promoted via Lincolnshire Patient Participation Groups.
- The Health Inequalities Engagement Manager circulated the survey widely through their network of community groups and contacts across Lincolnshire, ensuring strong reach into organisations and individuals who support local people.

NHS Staff and Stakeholder Awareness Survey

- Distributed via direct email to GP practices and system partners
- Promoted regularly throughout the engagement period via the ICB Primary Care Bulletin (twice-weekly email communication to primary care staff)
Published on the ICB Primary Care intranet
- Additional direct email reminders issued during the survey period.
- Shared on multiple occasions with NHS communications teams across the NHS health and care system providers for onward circulation.
- Circulated widely through key stakeholders.
- Promoted at ICB engagement events alongside the Public survey.

Community Pharmacy Staff Survey

- Direct email distribution to all community pharmacies across Lincolnshire
- Promoted through the ICB Primary Care email Bulletin at regular intervals
- Published on the ICB Primary Care intranet.
- Circulated via professional and key stakeholder networks.

The closing date for all three surveys was extended by three weeks to maximise response rates.

Survey promotion and opportunities for further involvement

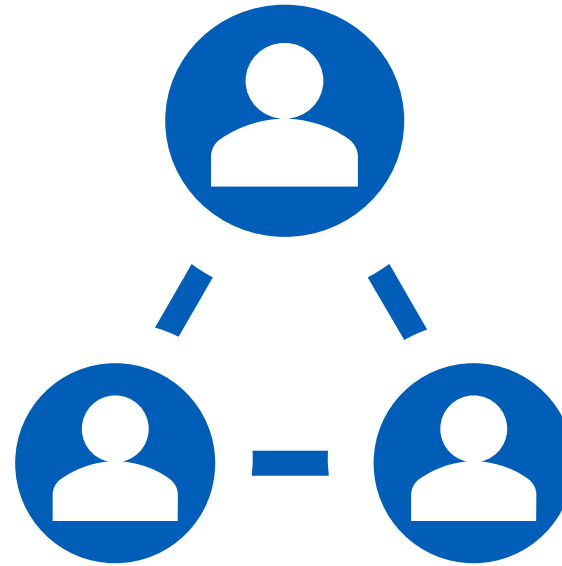
How respondents heard about the survey Respondents were asked how they heard about the survey to help understand which communication channels were most effective in reaching local communities. Most respondents reported hearing about the survey online (71%), with social media, particularly Facebook being the most commonly mentioned platform. Other responses included ICB newsletters, partner organisation communications, websites, and local community networks.

Answer	%	Count
Online (please say where):	71%	131
Paper copy collected (please say where from)	0%	0
GP practice (please say which):	2%	4
Pharmacy (please say which):	1%	1
Website (please say which):	6%	12
External newsletter (e.g. The Contributor):	6%	11
Other (please say where):	14%	26
Total	100%	185

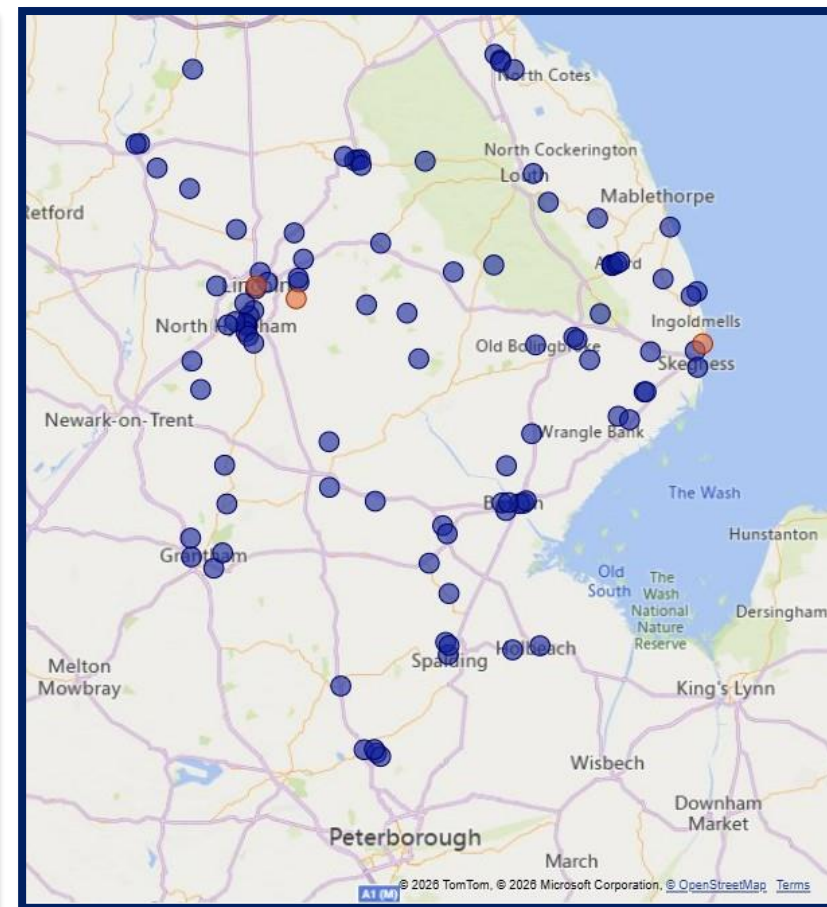
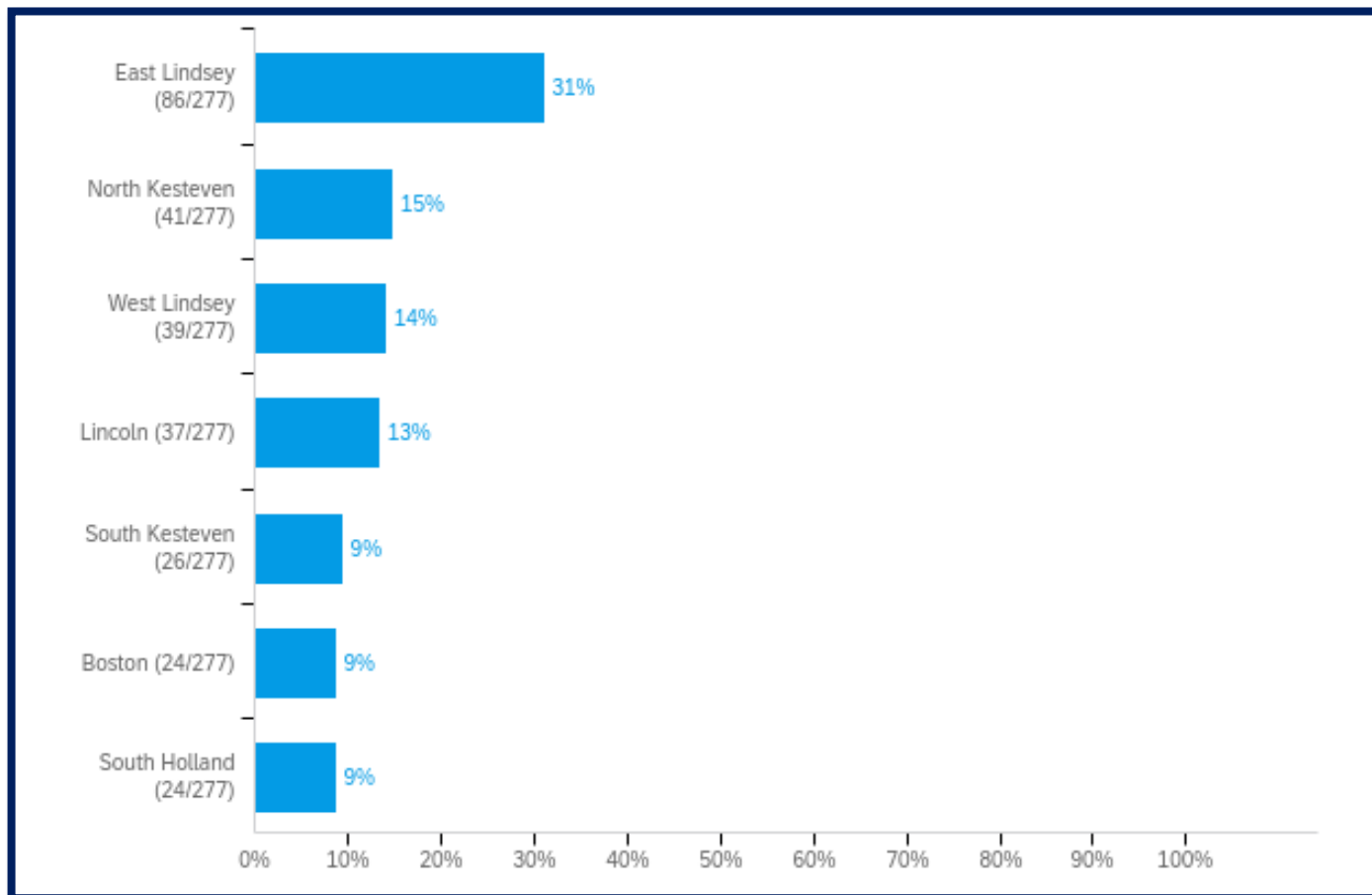
Opportunities for further involvement A total of 40 respondents also provided their contact details to express interest in taking part in future engagement activities to help shape Community Pharmacy services in Lincolnshire.

Section 1

Community Pharmacy Public Survey



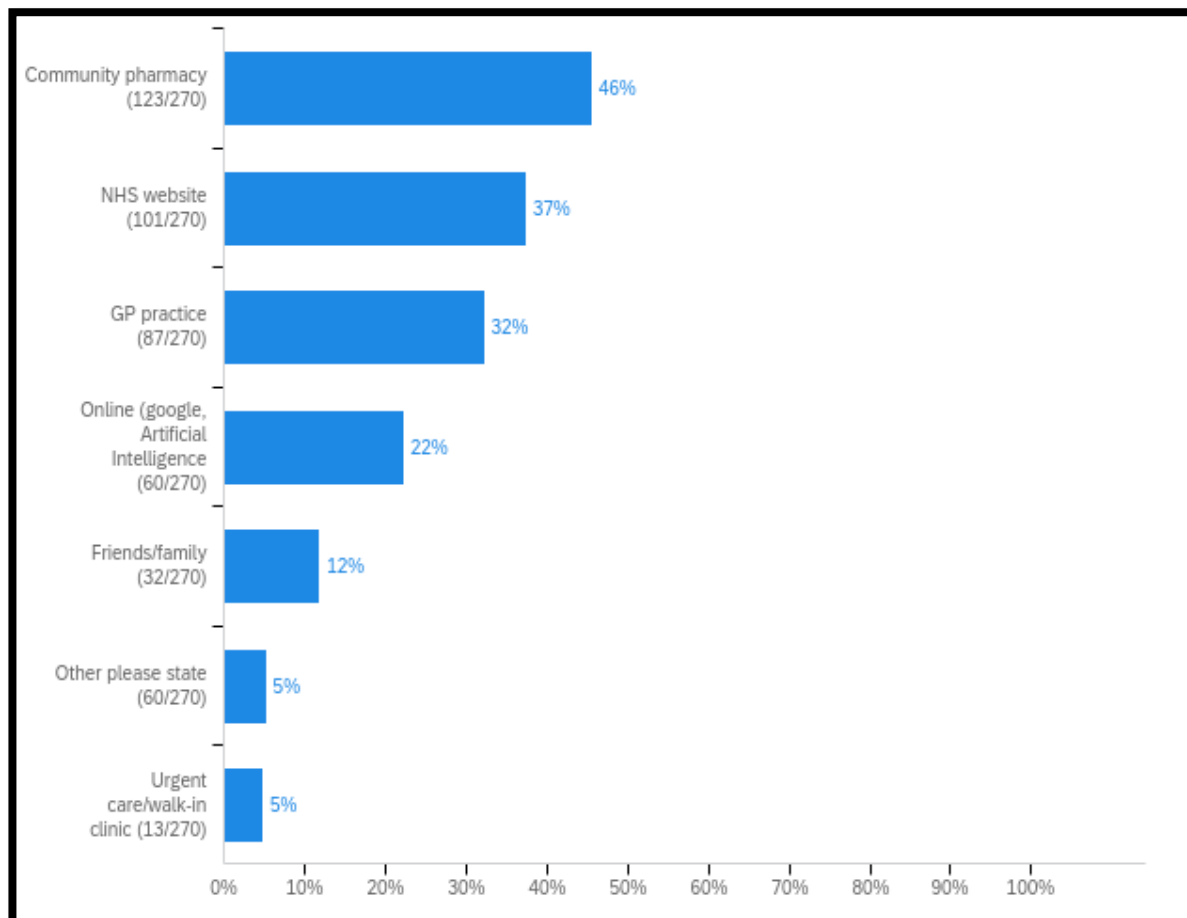
Geographic Distribution of Public Survey Response



- ✓ **277 responses** were received from **all Lincolnshire districts**
- ✓ **East Lindsey had the highest number** of responses (31%, n=86)
- ✓ **102 valid postcodes** were mapped, showing responses distributed across the county

Source of health advice: Overall, community pharmacy was the most commonly reported source of advice for non-urgent health issues (46%, 123/270), followed by the NHS website (37%, 101/270) and GP practices (32%, 87/270).

Graph to show where respondents usually get health advice for non-urgent issues?



Other responses:

A total of 60 respondents selected “Other”, of which 14 provided additional comments. These included seeking advice from NHS colleagues, online sources, NHS 111, retail pharmacies, or relying on personal knowledge and experience.

Question: Where do you usually get health advice for non-urgent issues? Respondents could select more than one option (270 responses)

Awareness and use of Community Pharmacy services

Respondents were asked about their awareness of community pharmacy services, if they had used them previously, and if they would consider using them in the future. Results show varying levels of awareness and experience across services. Respondents could select more than one option for each service.

Key findings from awareness and use of community pharmacy services:

Awareness of community pharmacy services ranged between 44% and 60% across the services included in the survey. Awareness was the highest for stop smoking services (60%, 101/168), contraception services (57%, 95/167) and Pharmacy First conditions including earache (60%, 117/195) and sore throat (58%, 107/186). Lower awareness was reported for services such as advice about weight, healthy eating and lifestyle (43%, 77/179), sexual health advice (46%, 76/165), long-term condition support (46%, 86/186) and online pharmacy services (47%, 80/171).

Previous use was highest for obtaining prescription medicines (55%, 109/197), purchasing over-the-counter medicines (54%, 107/199) and vaccinations (40%, 79/196). **Lower reported use** was seen for some more specialist or less commonly required services, including support for substance misuse (1%, 2/165), sexual health advice (2%, 3/165), shingles treatment (3%, 6/183) and advice about weight, healthy eating and lifestyle (4%, 7/179). This is to be expected, as these services are relevant to a smaller proportion of respondents.

Willingness to use pharmacy services: Some respondents indicated they would consider using pharmacies for minor conditions, such as infected insect bites (45%, 82/183), sinusitis (36%, 67/188) and advice for common illnesses such as colds, headaches, tummy upset, coughs, mild allergies or minor cuts and rashes (36%, 68/190). In comparison, fewer respondents indicated they would use pharmacies for some other services, including sexual health advice (9%, 15/165) and advice about weight or lifestyle (20%, 36/179).

Overall, the results suggest that awareness, previous use and willingness to use some community pharmacy services vary across respondents, particularly for newer or more specialised services. This highlights ongoing opportunities to further strengthen public awareness and understanding of the range of services available through community pharmacies. The next pages show these figures broken down by the services. Respondents could select more than one option for each service therefore the percentages represent the proportion of respondents selecting each option.

Question - Please tell us how much you know about community pharmacy clinical services and which ones you have used in the past as well as whether you would consider using them in the future:

Pharmacy First services: awareness, use and willingness to use

Respondents were asked about their awareness of Pharmacy First services, if they had used them previously, and if they would consider using them in the future. Awareness ranged from 44% to 60% across the seven conditions. Willingness to use pharmacy services was highest for infected insect bites (45%, 82/183), followed by sinusitis (36%, 67/188). Previous use remained relatively low across most conditions, ranging from 3% to 11%.

Service	Aware	Would use	Would not use	Used before	Responses
Earache (1–17 yrs)	60% (117)	30% (58)	19% (38)	7% (14)	195
Sore throat (5+ yrs)	58% (107)	32% (60)	17% (32)	9% (17)	186
Sinusitis (12+ yrs)	56% (105)	36% (67)	14% (27)	11% (20)	188
Impetigo (1+ yr)	48% (86)	28% (50)	32% (57)	7% (12)	180
Shingles (18+ yrs)	44% (80)	27% (49)	39% (72)	3% (6)	183
Infected insect bite	50% (91)	45% (82)	13% (24)	11% (21)	183
UTI in women (16–64 yrs)	49% (88)	28% (50)	30% (55)	10% (19)	181

Question - Please tell us how much you know about community pharmacy clinical services and which ones you have used in the past as well as whether you would consider using them in the future.

Medicines and treatment services: awareness and use

Awareness ranged from 46% to 56% across medicines and treatment services. Willingness to use pharmacy services ranged from 24% to 36%, with the highest willingness reported for advice for common illnesses (36%, 68/190) and help with medicines (29%, 56/191). Previous use was highest for obtaining prescription medicines (55%, 109/197) and purchasing over-the-counter medicines (54%, 107/199), with a notable proportion also reporting previous use for vaccinations (40%, 79/196).

Service	Aware	Would use	Would not use	Used before	Responses
Getting medicine from a prescription	52% (102)	24% (47)	3% (5)	55% (109)	197
Medicines you can buy yourself	50% (100)	27% (54)	3% (6)	54% (107)	199
Help with medicines and how to take them	54% (103)	29% (56)	8% (16)	34% (64)	191
Advice for common illnesses (e.g. colds, headache, tummy upset, cough, mild allergies, minor cuts or rashes)	54% (102)	36% (68)	9% (18)	28% (53)	190
Vaccinations (flu, COVID-19, travel vaccines)	52% (102)	24% (47)	14% (28)	40% (79)	196
Blood pressure checks	56% (105)	24% (45)	22% (41)	21% (39)	187
Help with long-term conditions (e.g. diabetes, asthma, high blood pressure)	46% (86)	25% (47)	37% (69)	10% (19)	186

Question - Please tell us how much you know about community pharmacy clinical services and which ones you have used in the past as well as whether you would consider using them in the future:

Prevention and specialist services – awareness and use

Awareness ranged from 43% to 60% across these services. Willingness to use pharmacy services ranged from 6% to 30%, with the highest willingness reported for online pharmacy services (30%, 52/171) and travel health services (30%, 50/169). Previous use remained relatively low across most services, ranging from 1% to 21%.

Service	Aware	Would use	Would not use	Used before	Responses
Help to stop smoking	60% (101)	13% (21)	33% (55)	4% (7)	168
Contraception service	57% (95)	13% (21)	36% (60)	5% (8)	167
Sexual health advice	46% (76)	9% (15)	54% (89)	2% (3)	165
Online pharmacy services	47% (80)	30% (52)	27% (47)	14% (24)	171
Advice about weight, healthy eating and lifestyle	43% (77)	20% (36)	46% (83)	4% (7)	179
Support for substance misuse	44% (72)	6% (10)	55% (91)	1% (2)	165
Blood pressure checks	56% (105)	24% (45)	22% (41)	21% (39)	187
Help with long-term conditions (e.g. diabetes, asthma, high blood pressure)	46% (86)	25% (47)	37% (69)	10% (19)	186
Travel health services (e.g. malaria tablets or travel vaccines)	50% (84)	30% (50)	25% (42)	9% (15)	169

Question - Please tell us how much you know about community pharmacy clinical services and which ones you have used in the past as well as whether you would consider using them in the future:

Reasons respondents said they would not use community pharmacy services

A range of reasons were given for why some respondents would prefer not to use community pharmacy services. The themes below are presented in order of how frequently they were mentioned.

Theme	Feedback
1. Preference for GP care	Many respondents said they would prefer to see their GP or another healthcare professional, particularly for more complex or serious conditions. Some respondents felt a doctor would have better knowledge of their medical history or be able to provide a more thorough clinical assessment.
2. Pharmacy capacity, queues and waiting times	Some respondents reported long queues, busy environments, or limited staffing at local pharmacies. • Concerns were also raised about the ability of pharmacies to provide detailed consultations in busy settings.
3. Privacy and confidentiality concerns	Some respondents felt pharmacies may not offer a sufficiently private environment, particularly for services such as sexual health advice.
4. Concerns about pharmacist expertise or scope	Some respondents were unsure about pharmacists' ability to diagnose or manage certain conditions, or believed pharmacists may refer them back to the GP..
5. Services not relevant to the individual	A number of respondents indicated the services listed were not relevant to them due to age, lifestyle, or existing health conditions. Some respondents reported they would not need services such as contraception, smoking cessation, or substance misuse support.
6. Local access or service availability issues	Some respondents mentioned distance to pharmacies, lack of certain services locally, or medication supply issues.

Question - If you would not use a pharmacy for any of the above, please tell us why (95 comments)

Frequency of visiting a community pharmacy

Respondents were asked how often they visit a community pharmacy. Most respondents reported visiting a pharmacy about once a month (36%, 76/212). A further 16% (33/212) said they visit every few months, and 18% (39/212) reported visiting once or twice a year. More frequent visits were less common, with 14% (29/212) visiting a few times a month, 6% (13/212) visiting about once a week, and 3% (7/212) visiting more than once a week. A small proportion of respondents reported never visiting a community pharmacy (7%, 15/212).

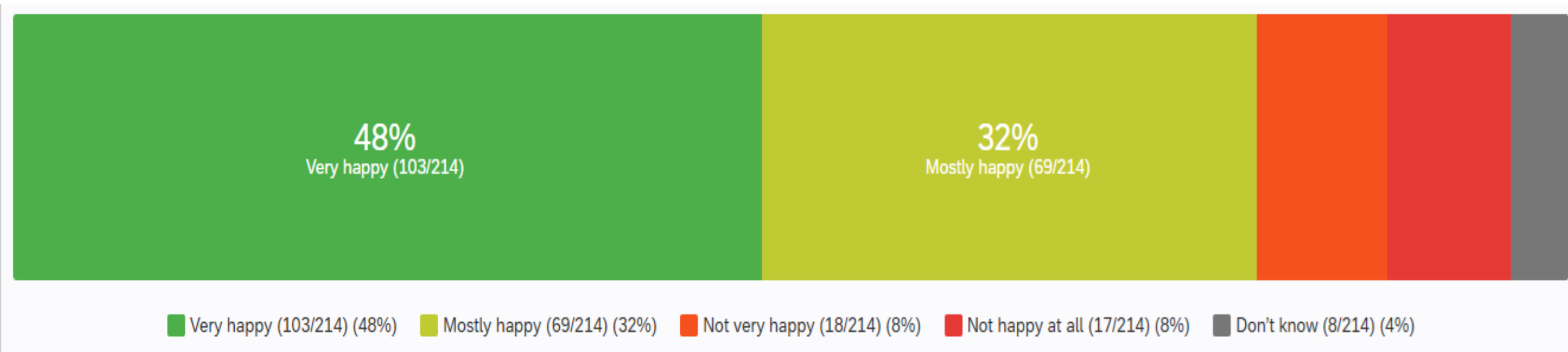
Frequency of visiting a community pharmacy	%	Respondents
More than once a week	3%	7
About once a week	6%	13
A few times a month	14%	29
About once a month	36%	76
Every few months	16%	33
Once or twice a year	18%	39
Never	7%	15
Total		212

Question: In the last 12 months, how often have you visited a Community Pharmacy?

Happiness of respondents to visit a community pharmacy

Overall, 80% of respondents reported being happy to visit a community pharmacy (very happy 48%, mostly happy 32%). A smaller proportion reported being not very happy (8%, 18/214) or not happy at all (8%, 17/214), while 4% (8/214) said they did not know.

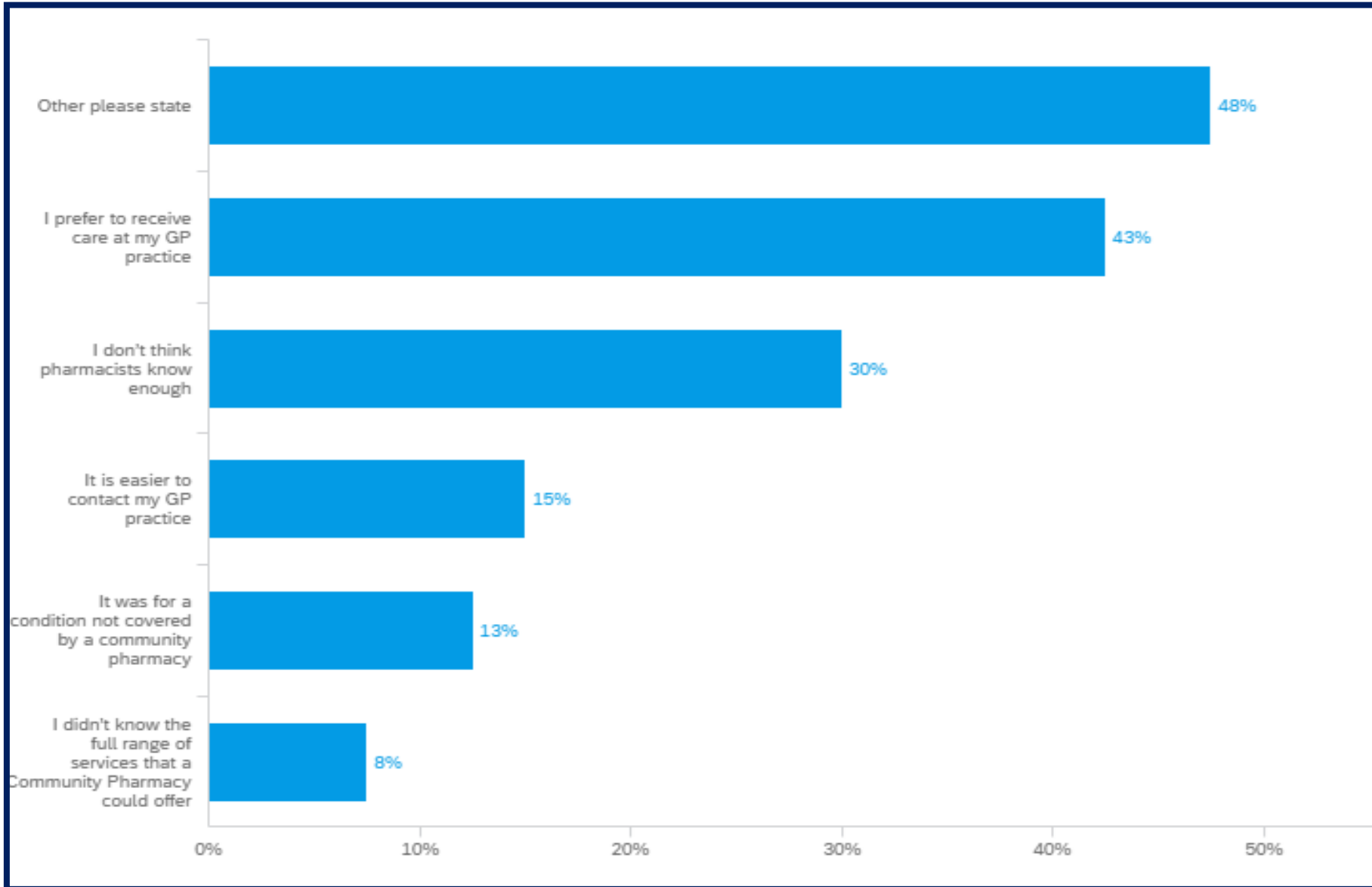
Overall, the results suggest generally positive experiences of visiting community pharmacies among survey respondents



Question: How happy are you to go to the Community Pharmacy?

Barriers to using community pharmacies

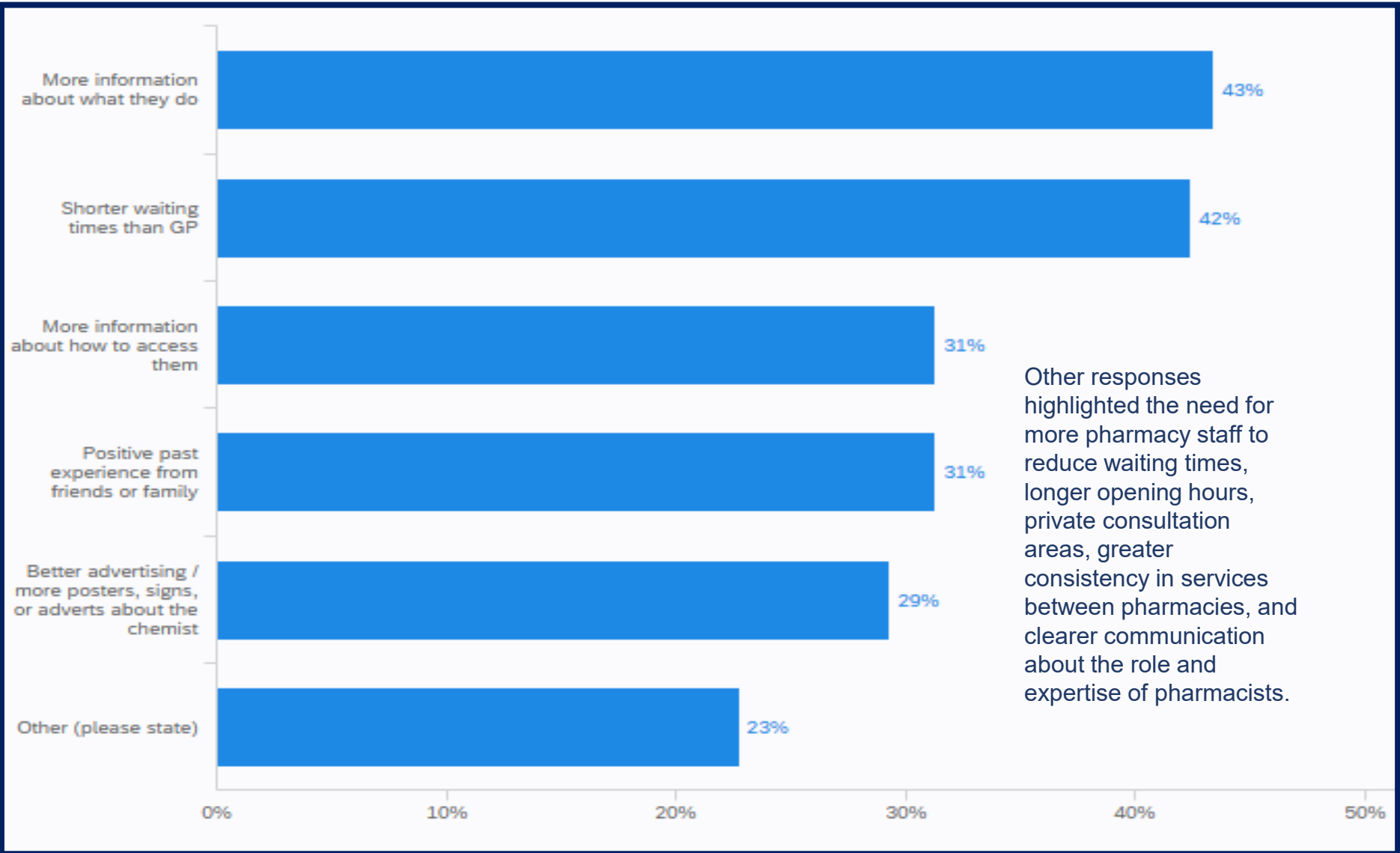
Respondents were asked why they may not be happy to use a community pharmacy. The most commonly selected reasons for not using community pharmacies were a preference to receive care at a GP practice (43%, 17/40) and concerns about pharmacist expertise (30%, 12/40). Additional comments highlighted issues such as busy pharmacy environments, lack of privacy, and waiting times.



Question: If you would not be happy to use a Community Pharmacy, please say why (tick all that apply)

Enablers to using community pharmacies

Respondents were asked what would encourage greater use of these services. The most commonly selected factors that would encourage greater use were more information about the services pharmacies provide (43%, 86/198) and shorter waiting times compared with GP practices (42%, 84/198).



Question: What would help encourage you and your community to use your local community pharmacy for advice and / or treatment?

What **worked well** when using community pharmacy services

The table below summarises the key themes identified from respondents' comments, highlighting aspects of the service that were valued.

Themes are presented in order of how frequently they were mentioned

Good experiences identified (145 comments)
1. Friendly and helpful staff Many respondents described pharmacy staff as friendly, polite, approachable, and willing to help with advice or support. Staff were often praised for their professionalism and customer service.
2. Quick and efficient service Respondents valued the speed and efficiency of pharmacy services, including quick consultations, rapid treatment for minor conditions, and efficient prescription dispensing
3. Knowledgeable pharmacists and advice Pharmacists were frequently described as knowledgeable and trusted sources of advice on medicines, minor illnesses, and treatment options.
4. Easier access than GP services Many respondents highlighted that pharmacies are easier to access than GP appointments, with no need to book appointments and faster support for minor illnesses.
5. Convenience and local access Pharmacies were valued for being local, accessible, and convenient for collecting prescriptions or seeking advice.
6. Range of services provided Respondents valued services such as vaccinations, blood pressure checks, emergency medication supply, and advice on minor illnesses.

Question: If you have used Community Pharmacy services, please tell us what was good about it?

What could be improved when using community pharmacy services

The table below summarises the key themes identified from respondents' comments, highlighting aspects of the service where respondents felt improvements could be made.

Themes are presented in order of how frequently they were mentioned

Areas for improvement identified (132 comments)
1. Waiting times and queues Many respondents reported long queues or delays when collecting prescriptions or waiting to speak with staff.
2. Staffing levels and workload pressures Respondents frequently commented that pharmacies appear very busy or short staffed, which can contribute to slower service and longer queues.
3. Prescription processing and GP communication Some respondents experienced delays with repeat prescriptions being prepared or communication issues between GP practices and pharmacies.
4. Privacy and confidentiality Some respondents expressed concerns about discussing health issues over the counter where conversations may be overheard.
5. Opening hours and accessibility Suggestions included longer opening hours, weekend availability, or avoiding lunchtime closures.
6. Clearer information about services Some respondents said it was unclear what services pharmacies provide or what conditions they can treat.
7. Range of services offered A smaller number suggested expanding the conditions pharmacies can treat or the services available.
8. Premises, facilities or stock availability A few comments referred to limited space, seating, medication availability or other operational issues.

Question If you have used Community Pharmacy services, please tell us what could be improved?

Additional suggestions to support people to live well

Respondents were asked “If there is anything else you think your local community pharmacy could do to support you to live well?” A total of 77 comments were received. Themes are presented in order of how frequently they were mentioned.

Theme identified from comments:

Prescription processing and medication supply Several comments related to the timeliness and reliability of prescription services. Respondents described delays in repeat prescriptions being prepared, long waiting times when collecting medication, and occasions where pharmacies were unable to obtain prescribed medicines. Some comments also referred to dispensing accuracy and clearer instructions when medications are issued.

Expansion of clinical services Some respondents suggested that community pharmacies could provide a wider range of clinical services. Examples included health checks, blood pressure monitoring, blood testing, medication reviews, and treatment for minor illnesses such as infections. A few comments suggested pharmacies could have an expanded clinical role to help reduce pressure on GP practices.

Awareness and promotion of services (Several respondents indicated that they were unaware of the full range of services available through community pharmacies. Comments suggested better advertising or clearer information about available services could encourage more people to use pharmacies for advice and support.

Opening hours and accessibility Some respondents suggested that pharmacies could improve accessibility by extending opening hours, remaining open during lunch periods, or offering additional weekend availability. These suggestions were particularly raised by people who work during the day or live in rural areas.

Staffing levels and workforce capacity Some comments referred to staffing levels, with respondents suggesting that more staff may be needed to manage both dispensing activity and the delivery of additional services. Some respondents also noted that pharmacists appeared very busy managing multiple responsibilities.

Customer service and communication A small number of comments related to customer service, including suggestions for more friendly or supportive interactions and clearer communication with patients about prescriptions and services.

Greater role for pharmacies in supporting primary care Some respondents suggested that community pharmacies could play a larger role in supporting primary care services, including helping to manage minor illnesses, referring patients appropriately, or supporting access when GP appointments are difficult to obtain.

Privacy and consultation space A few respondents highlighted the importance of private consultation spaces within pharmacies to ensure confidential discussions about health concerns.

Prescription delivery services Some respondents suggested expanding delivery options for prescriptions, particularly for people who may find it difficult to collect medication in person.

Positive feedback about local pharmacies Some comments praised local pharmacies and pharmacy teams, highlighting positive experiences and valuing the service provided within the community.

Other (3 mentions) A small number of additional suggestions were made, including requests for a wider product range, alternative therapies, and additional support for rural dispensing services.

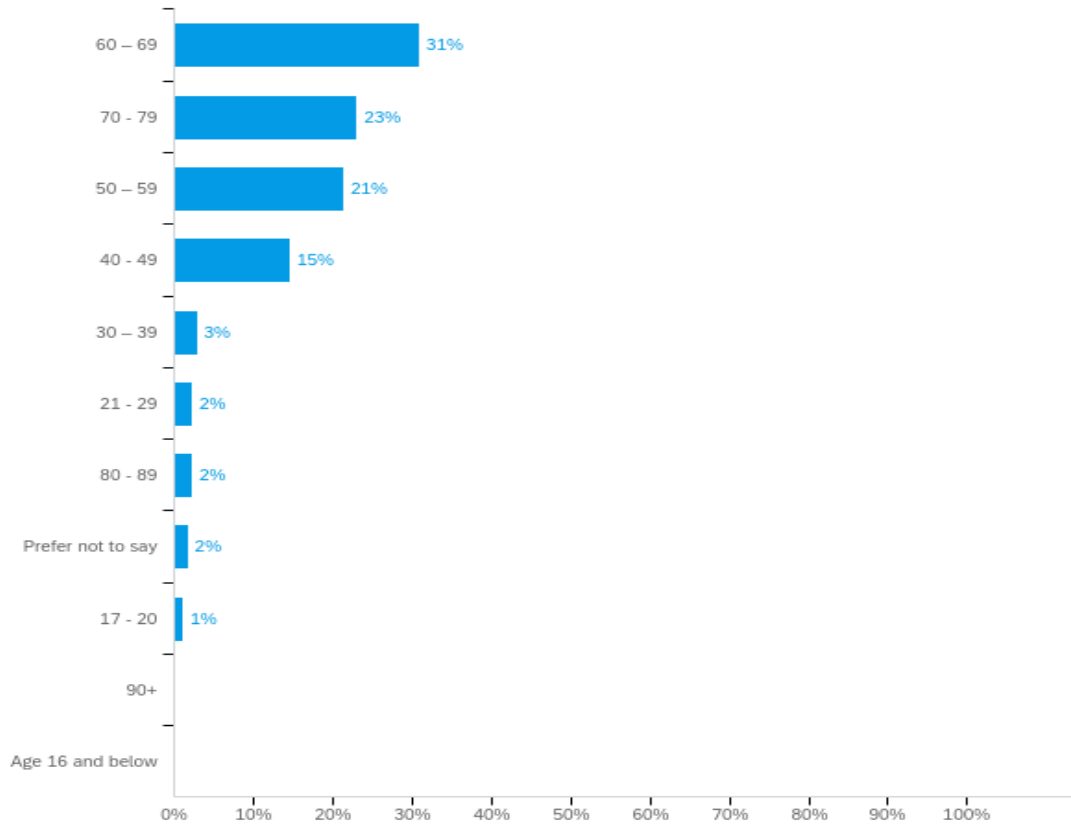
Public Survey

Equalities Monitoring



Respondent Demographics

Age (170 answered this question)



Ethnicity	%	Count
White: Welsh / English / Scottish / Northern Irish / British	91%	160
White Roma	0%	0
White: Irish	1%	2
White: Gypsy or Irish Traveller	0%	0
Prefer not to say	3%	6
Other ethnic group: Arab	0%	0
Mixed or multiple ethnic groups: White and black Caribbean	0%	0
Mixed or multiple ethnic groups: White and Black African	0%	0
Mixed or multiple ethnic groups: White and Asian	0%	0
Black or Black British: Caribbean	0%	0
Black or Black British: African	1%	1
Asian or Asian British: Pakistani	0%	0
Asian or Asian British: Indian	0%	0
Asian or Asian British: Chinese	0%	0
Asian or Asian British: Bangladeshi	0%	0
Any other (please state)	0%	0
Any other White background (please state)	2%	4
Any other Black background (please state)	0%	0
Any other Asian background (please state)	0%	0
Any of mixed or multiple ethnic background (please state)	1%	2
Total	100%	175

Respondent Demographics

Gender reassignment	%	Count
Prefer not to say	1%	1
Yes	1%	1
No	98%	89
Total		91

Gender	%	Count
Male	20%	35
Female	78%	138
Intersex	0%	0
Non-binary	0%	0
Prefer not to say	1%	2
Prefer to self-identify	1%	1
Total	100%	176

Pregnancy/ maternity/given birth in last 26 weeks?	%	Count
Yes	1%	1
No	99%	77
Prefer not to say	0%	0
Total	100%	78

Religion/ Belief	%	Count
No religion	17%	29
Atheist	14%	24
Buddhist	1%	1
Christian	56%	93
Hindu	0%	0
Any other religion	2%	4
Jain	0%	0
Jewish	1%	1
Muslim	0%	0
Sikh	0%	0
Prefer not to say	8%	14
Total	100%	166

Language	%	Count
Spanish	1%	1
Russian	1%	1
Romanian	0%	0
Portugese	0%	0
Polish	1%	1
Other (please specify)	1%	2
Lithuanian	0%	0
Latvian	0%	0
Hungarian	0%	0
English	97%	168
Bulgarian	0%	0
Total	100%	173

Other Language (please specify) - Text

- English and German
- English

Other Religion (please specify) - Text

- Responses included Agnostic, Catholic, not religious, and Universalist Quaker. (4)

Respondent Demographics

Disability: Are your day-to-day activities limited because of a health problem or disability which has lasted, or expected to last, at least 12 months (including any problems related to old age)?	%	Count
Yes, the health problem/disability limits me a lot	14%	18
Yes, the health problem/disability limits me a little	29%	38
Prefer not to say	4%	5
No	54%	71
Total	100%	132

Do you have any specific needs or requirements	%	Count
No	80%	93
Yes (please state)	20%	23
Total	100%	116

Specific needs or requirements (20 comments)

Respondents highlighted a range of needs including accessible buildings (e.g. wheelchair access, lifts and seating while waiting), mobility support and walking aids, communication and hearing support, and additional time during consultations. Some also mentioned support with medication, pain management, long-term conditions and help with certain daily tasks.

If you answered 'yes' to the previous question, please indicate your disability - people may experience more than one type of impairment, in which case you may indicate more than one	%	Count
Sensory impairment	6%	6
Physical impairment	33%	32
Other (please state)	11%	11
Mental health condition	15%	14
Long-standing illness	31%	30
Learning Disability/Difficulty	3%	3
Total	100%	96

Other disabilities :Free-text responses included Type 1 diabetes, heart failure, COPD, ADHD, autism, musculoskeletal conditions, thyroid-related illness and multiple long-term conditions. One respondent identified as a carer.

Respondent Demographics

Caring responsibilities: Do you look after or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability?

Primary carer of child/children (under 18)	21%	13
Primary carer of disabled child/children	5%	3
Primary carer of disabled adult (18 and over)	8%	5
Primary carer of older person	49%	31
Secondary carer (another person carries out the main caring role)	17%	11
Total	100%	63

Amount of time spent in relations to caring duties		
Yes, 1-19 hours a week	45%	29
Yes, 20-49 hours a week	14%	9
Yes, 50 or more hours a week	31%	20
Prefer not to say	9%	6
Total	100%	64

Employment Status	%	Count
Employed full time	25%	42
Employed part time	14%	24
Homemaker	4%	6
Not employed and looking for work	3%	5
Not employed and not looking for work	4%	7
Retired	41%	70
Self employed	4%	7
Student	0%	0
Prefer not to say	3%	5
Other (please specify)	2%	4
Total	100%	170

	%	Count
Health Inequalities Information: Please select if you have experience of any of the following:- (please provide any further information in the boxes below)		
Currently working in the farming/agricultural industry	3%	1
Have worked in the farming/agricultural industry.	42%	13
Currently homeless.	0%	0
Experience of being homeless.	16%	5
Currently serving in either the UK's regular or reserved armed forces.	0%	0
Have served in the UK's regular or reserved armed forces.	39%	12
I am a refugee, immigrant or asylum seeker.	0%	0
Previous experience of being a refugee, immigrant or asylum seeker.	0%	0
Total	100%	31

Section 2

NHS Staff and Stakeholder Awareness Survey on Community Pharmacy



Response by Staff Group

A survey was also shared with NHS staff and system stakeholders to understand awareness of community pharmacy services and how these services are used within the wider health and care system.

A total of **42** responses were received. While the number of responses was relatively small, the feedback provides useful insight into general staff awareness of community pharmacy services and opportunities to strengthen partnership working and referral pathways. Findings should be interpreted with caution due to the relatively small number of responses. Not all respondents answered every question; therefore, the number of responses for each question is displayed.

As shown in the table below, the largest groups included nursing staff and non-clinical roles (both 21%), followed by medical staff (17%) and pharmacy professionals (12%).

Which staff group do you belong to?	%	Count
Non-clinical roles (e.g. managerial, administrative, support, commissioning)	21%	9
Nursing (e.g. registered nurses, nurse practitioners, healthcare assistants)	21%	9
Medical (e.g. doctors)	17%	7
Pharmacy (e.g. pharmacists, pharmacy technicians)	12%	5
Other please state	10%	4
Voluntary / Third Sector	7%	3
Allied Health Professional (AHP) (e.g. physiotherapists, occupational therapists, radiographers)	7%	3
Ambulance (e.g. paramedics, ambulance support)	2%	1
Mental Health / Psychological Services (e.g. psychologists, CBT therapists, mental health nurses)	2%	1
Midwifery (e.g. hospital and community midwives, midwifery support workers)	0%	0
Dental (e.g. dentists, dental nurses, hygienists)	0%	0
Total	100%	42

Response by Organisation and role

Respondent roles (33 responses)

GP practice staff – 11

Reception / administrative staff – 5

Practice managers – 4

Dispensary managers – 2

Mental health services – 9

Healthcare support workers – 4

Nurse – 1

Other roles (Talking Therapies manager, Social worker / team coordinator, Pharmacy technician) – 4

Community health trust – 4

Nurses – 2

Advanced clinical practitioner / nurse practitioner – 2

ICB staff – 4

Commissioning manager – 1

Support staff – 3

Primary Care Network roles – 2

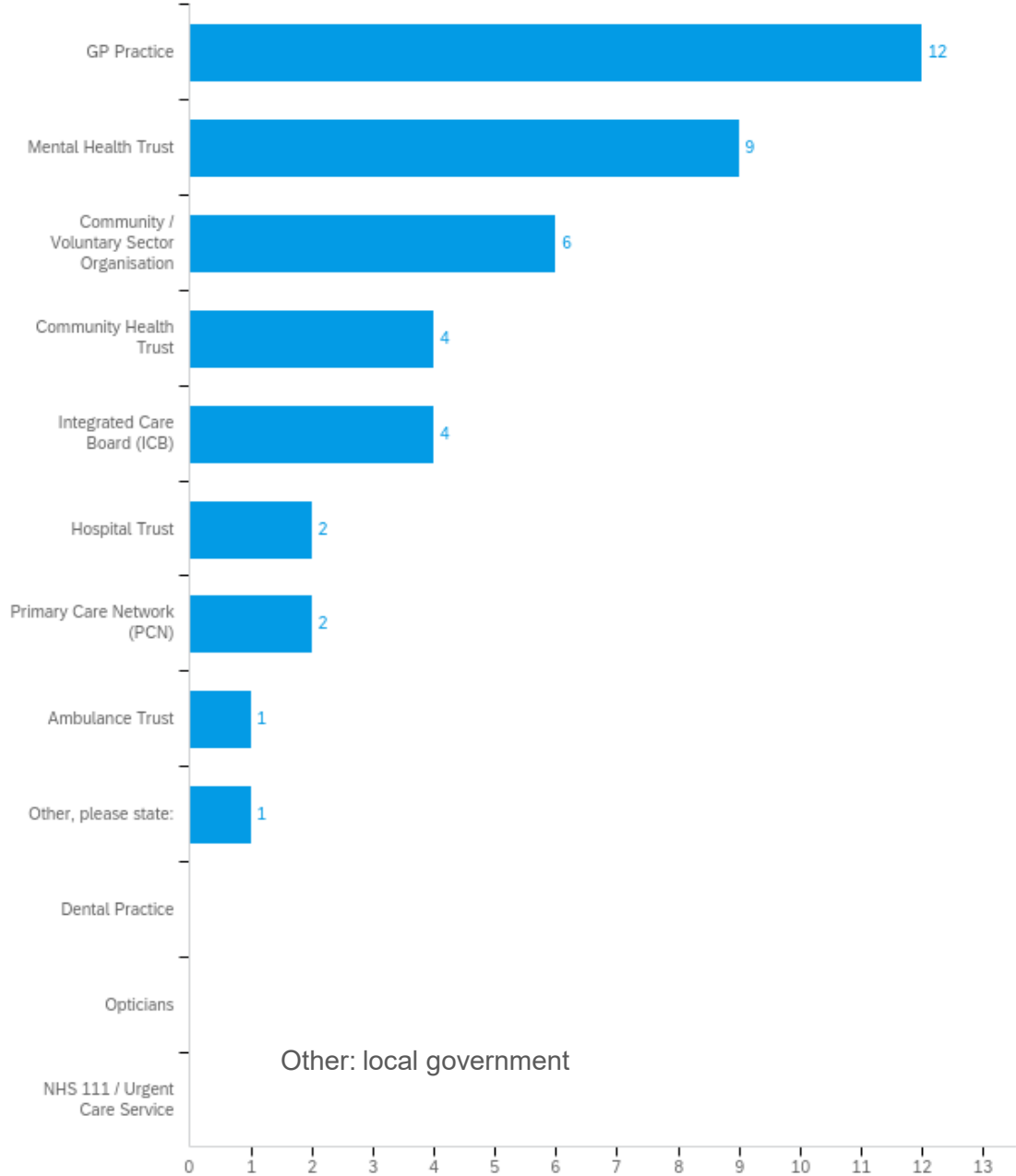
Physiotherapist – 1

Social prescriber – 1

Other organisations – 3

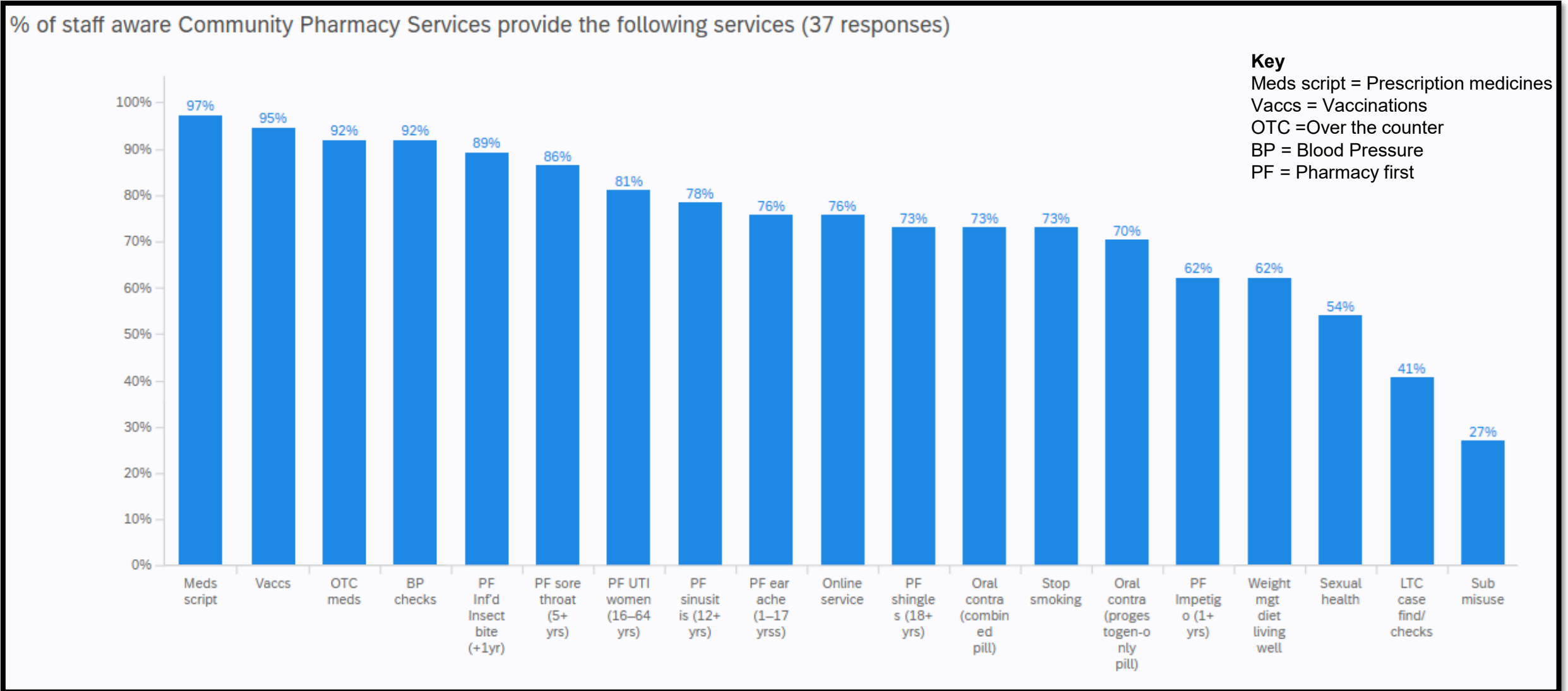
No responses: Dental, Optometry, NHS 111 / Urgent Care.

Response by organisation

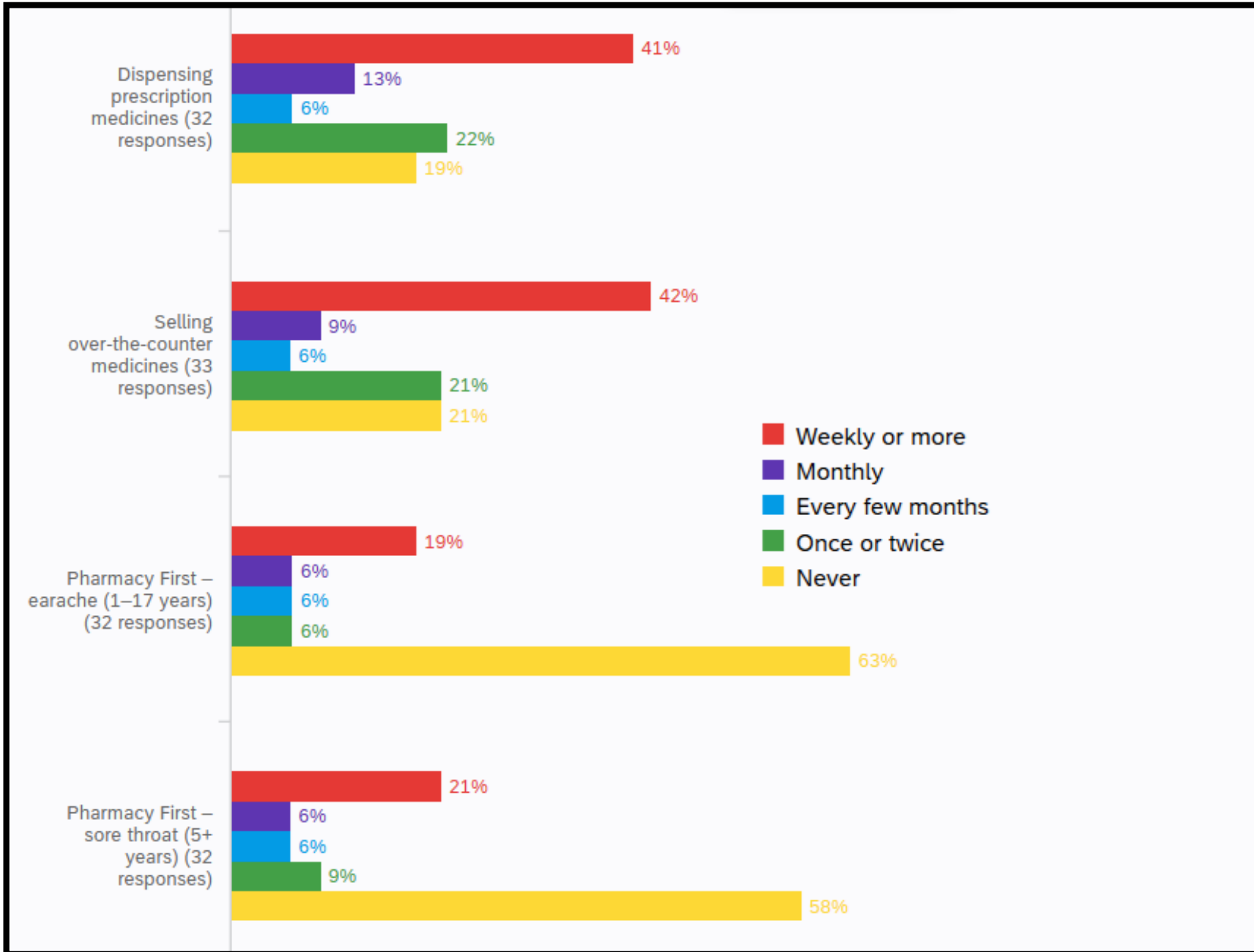


Key Findings - Awareness

Staff Awareness: Most respondents reported good awareness of community pharmacy services prior to the survey. Over half said they knew a lot (58%, 22/38 respondents), while 42% (16/38 respondents) said they knew a little. No respondents reported low or no awareness of community pharmacy services. Staff Awareness per service is shown in the chart below.



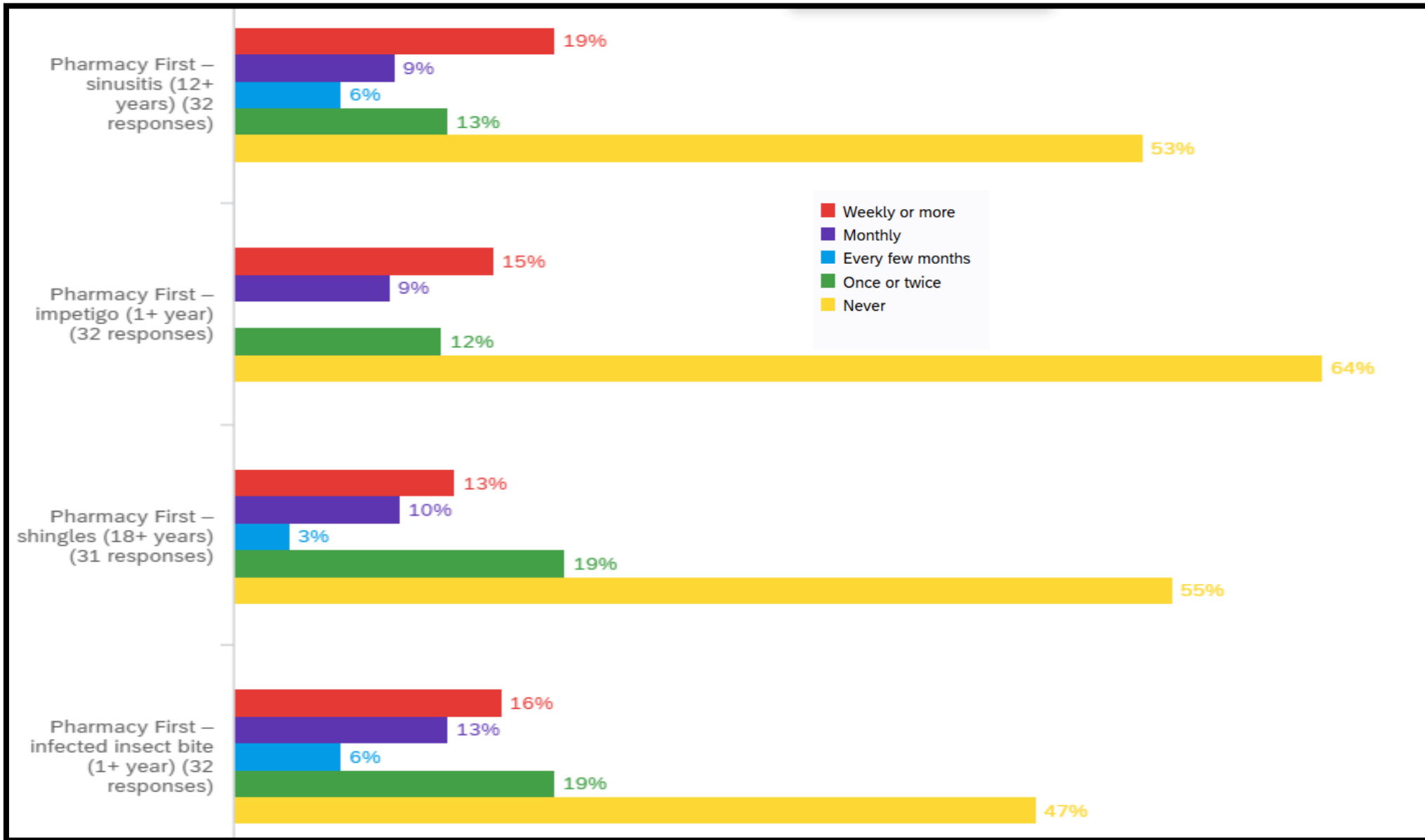
Frequency of Signposting to Community Pharmacy Services



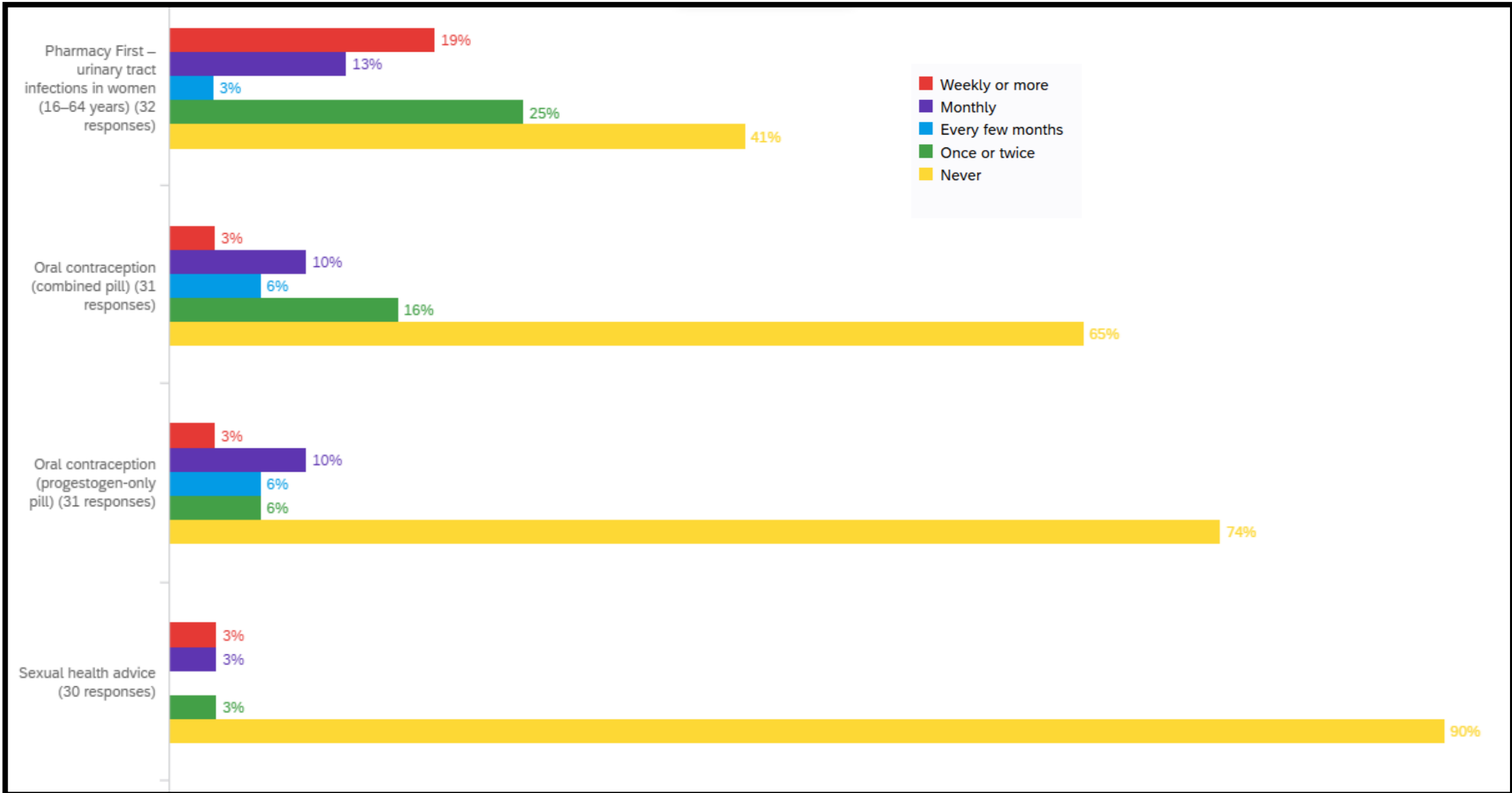
Responses indicate that signposting to community pharmacy services varies. Respondents most frequently reported signposting for over the counter medicines (42% weekly or more) and dispensing prescription medicines (41% weekly or more). Some Pharmacy First services were also used regularly, including sore throat (21% weekly or more) and urinary tract infections and sinusitis (19% weekly or more). However, many respondents reported never signposting for some preventative or specialist services, including sexual health advice (90%), support for substance misuse (80%), long-term condition case finding (73%), and oral contraception services (65–74%). The charts on the following slides show the frequency of signposting across the range of community pharmacy services.

Question: How often have you signposted patients to a Community Pharmacy for the following services in the last 12 months?

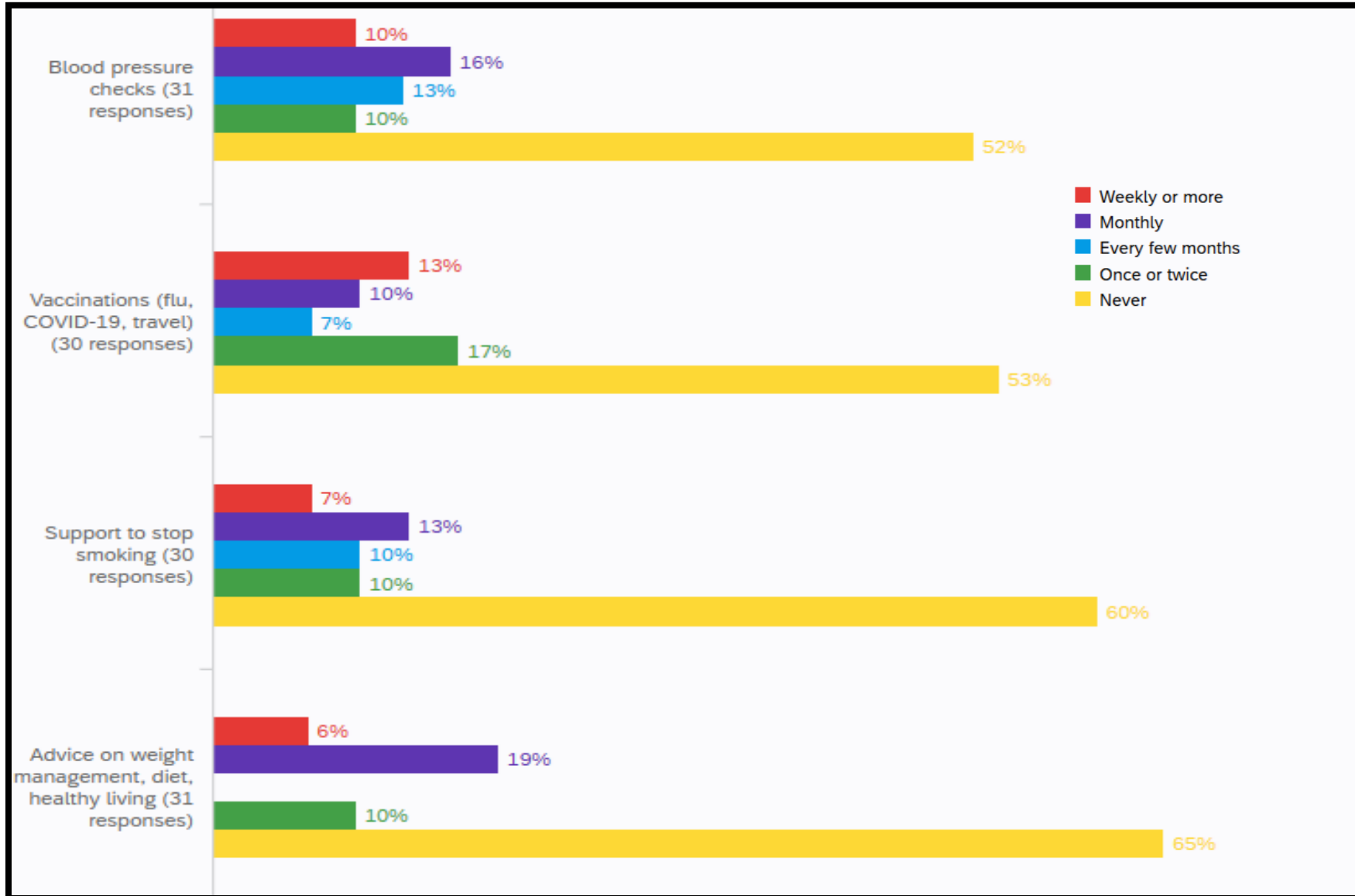
Frequency of Signposting to Community Pharmacy Services (continued)



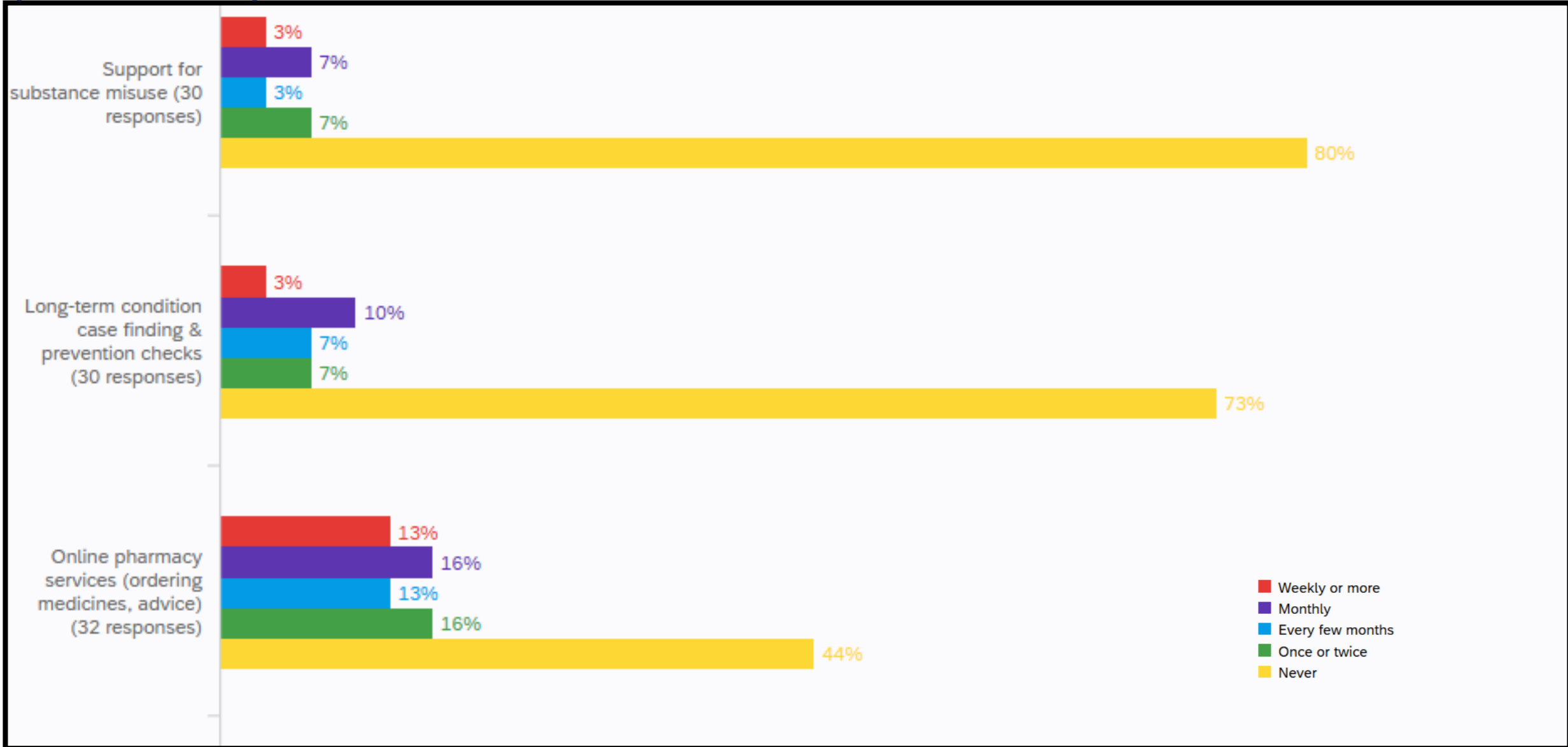
Frequency of Signposting to Community Pharmacy Services (continued)



Frequency of Signposting to Community Pharmacy Services (continued)

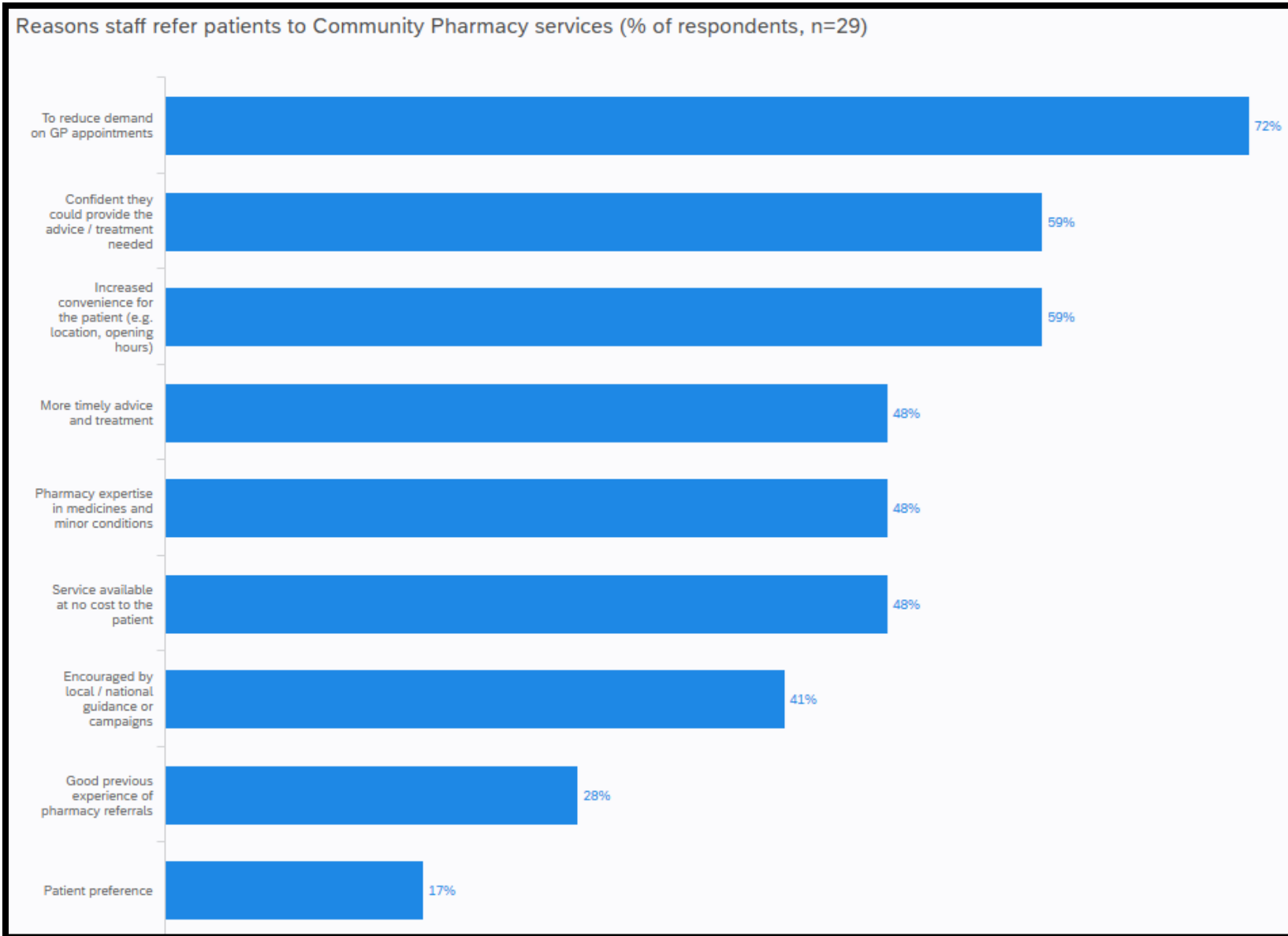


Frequency of Signposting to Community Pharmacy Services (continued)



Reasons staff refer patient to community pharmacy

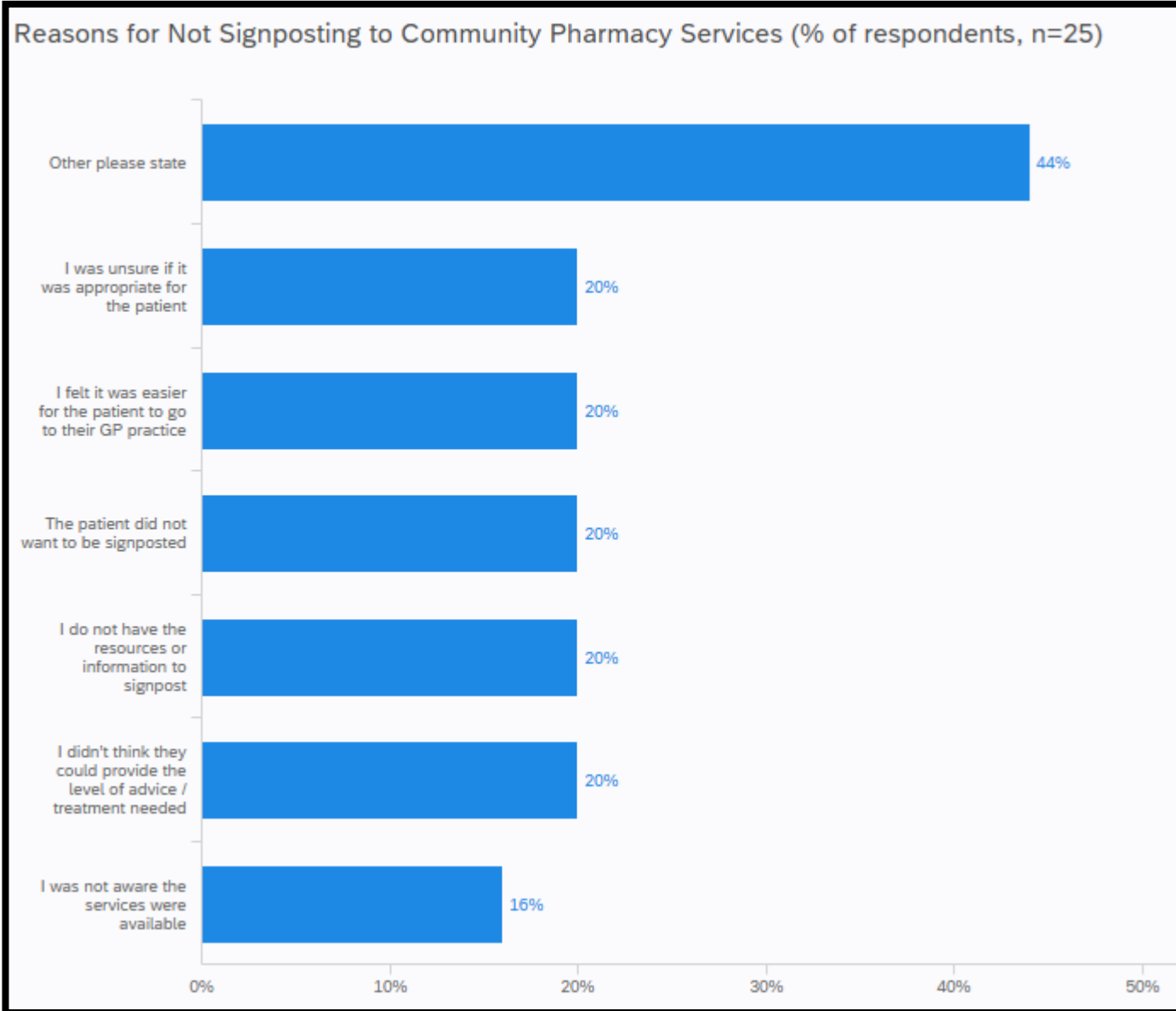
Staff most commonly reported referring patients to community pharmacy to reduce demand on GP appointments (72%), alongside confidence in pharmacy teams and the convenience of pharmacy access for patients (both 59%).



Question: If you have referred to Community Pharmacy services what were the main reasons for doing so (tick all that apply)

Reasons staff do not refer patients to community pharmacy

Among those who had not signposted patients, reasons were more varied, with 44% selecting 'other', while around one in five respondents cited uncertainty about service suitability, patient preference, or lack of information about services (20%).

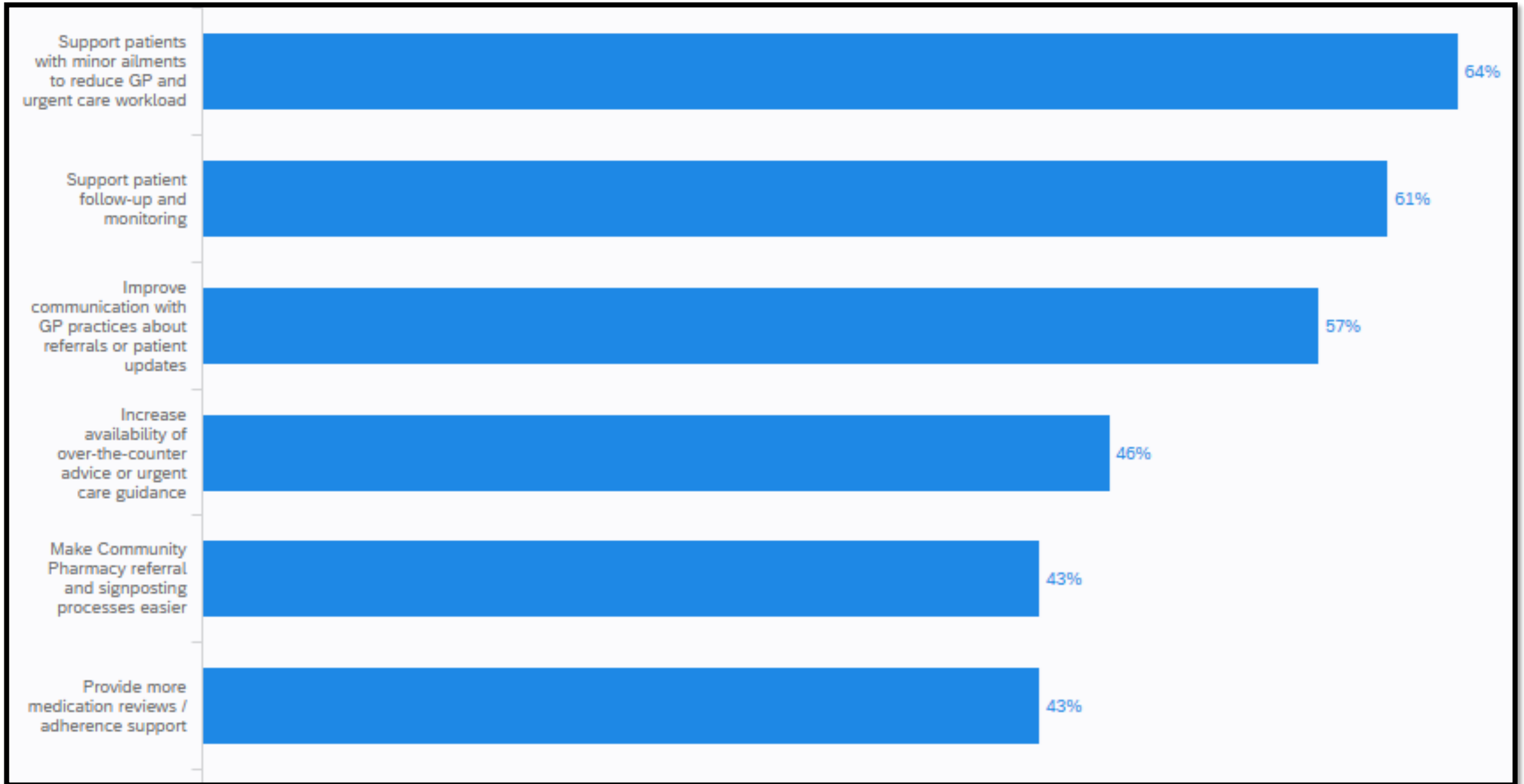


Comments provided under 'Other' 44% suggested that:

- Signposting was not relevant to some respondents' roles (eg non patient facing roles).
- In some settings, such as inpatient services, pharmacy services were provided in-house.
- Some patients required direct clinical treatment rather than signposting to pharmacy.

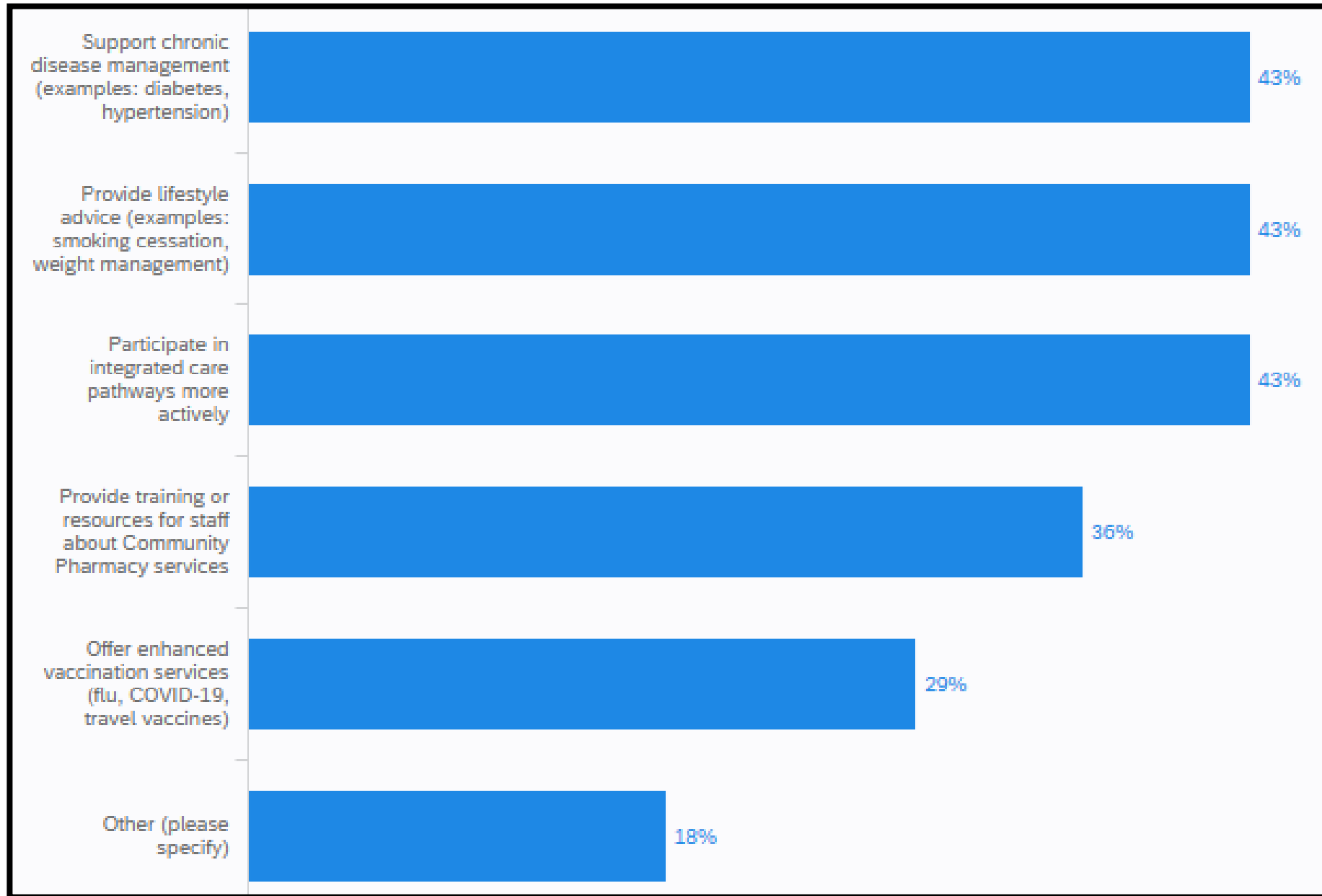
Question: If you have not signposted patients to Community Pharmacy services, please indicate the reason(s) (tick all that apply) (25 responses)

How community pharmacies could better support staff/ care pathways



Question: How could Community Pharmacies better support your work or the care pathways you are involved in? (Tick all that apply or provide examples) (28 responses)

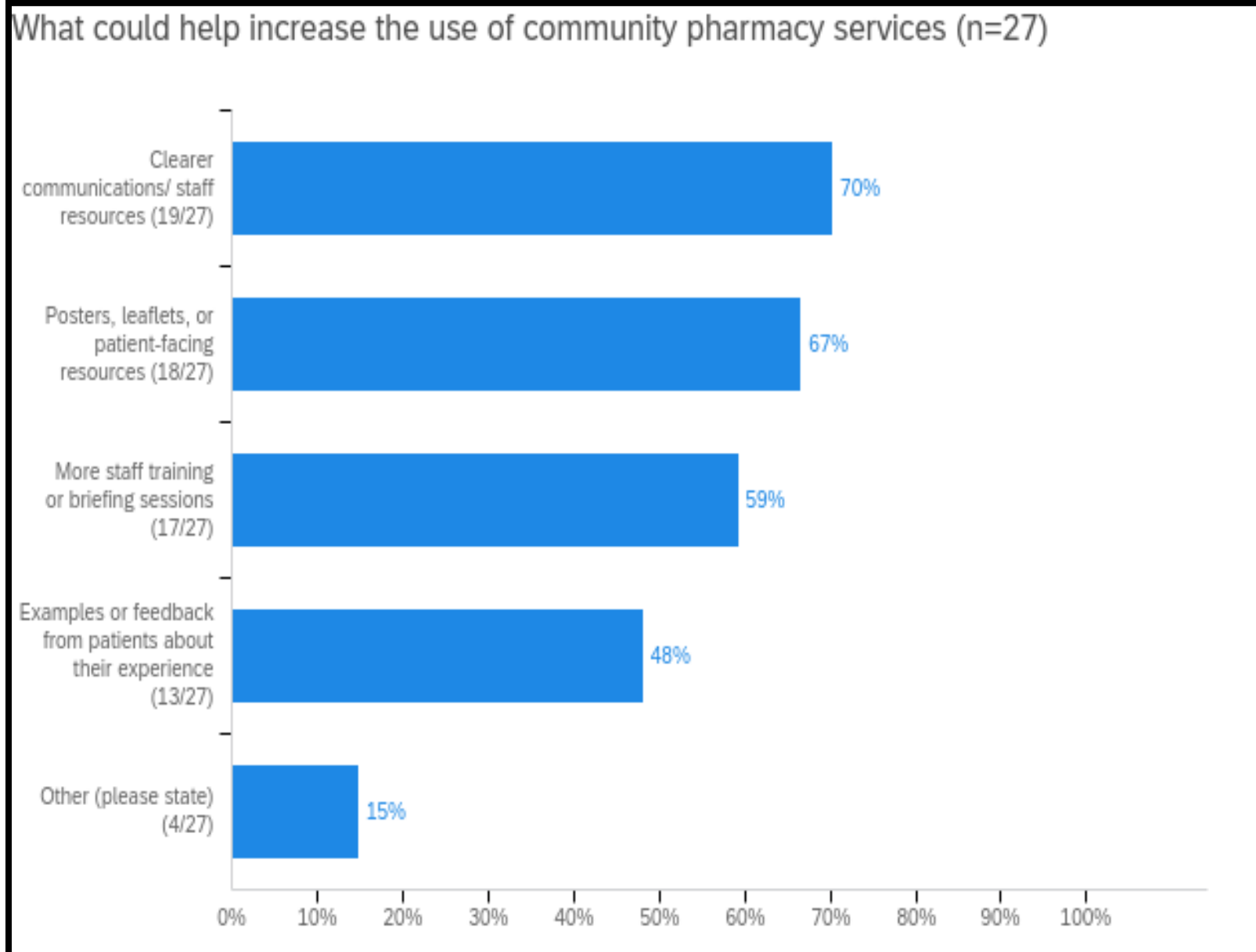
How community pharmacies could better support staff/ care pathways



Other comments (4): Some respondents suggested greater use of pharmacy services for signposting and monitoring long-term conditions, offering vaccinations in community settings such as wellbeing hubs, and raised concerns about duplication of services between GP practices and pharmacies.

Question: How could Community Pharmacies better support your work or the care pathways you are involved in? (Tick all that apply or provide examples) (28 responses)

What could help increase the use of Community Pharmacy services



Other comments :(4 responses):

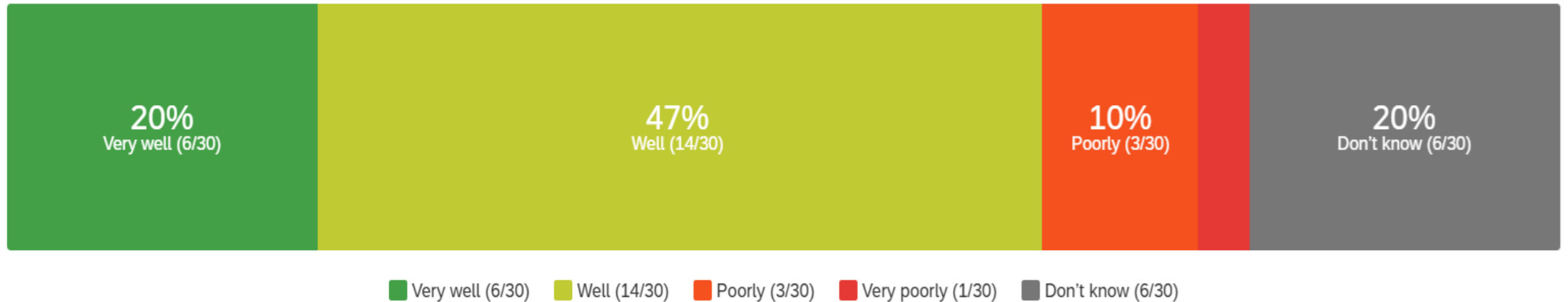
1. Online marketing
2. Public education
3. Community pharmacies sometimes lack assessment skills, leading to patients being sent to UTC for issues they could potentially manage
4. Not sure

Question: What else could we do to support more use of Community Pharmacies (tick all that apply)

Perceptions of Community Pharmacy's role in reducing health inequalities

- 67%** felt community pharmacies support reducing health inequalities **well or very well** (20% very well, 47% well).
- 13%** felt they support this **poorly** (10%) **or very poorly** (3%).
- 20%** said they **did not know**, suggesting some uncertainty about the role pharmacies play in improving access to care

Staff perceptions of community pharmacy's role in reducing health inequalities



Question: How well do you think Community Pharmacies support reducing health inequalities and improving access to care?

Examples or experiences shared by respondents

(Question: Please share any examples or experiences to illustrate your answer)

1. Great idea to sign post carers to for people with a learning disability
2. In my experience I have found that they lack the experience in assessment.
3. They try to serve patients efficiently and offer variety of services without an appointment with their limited funding so they are doing a good job.
4. We have seen many instances of community pharmacies giving covid vaccines when the patient is NOT eligible so we do not believe its safe for them to give as their understanding of immunocompromised is incorrect. We use OneYou for smoking and weight. We deal with long term conditions in practice and will continue to do so as safe practice. I think the pharmacy first scheme is good for certain things but they are also taking services away from us that we also rely on financially as well - such as flu /covid.
5. I feel those who are homeless may not always go to the pharmacy, the need for using community bases could assist in them gaining medical interventions

Additional feedback from staff

What else could be done to improve /increase health and wellbeing of all communities utilising community pharmacy clinical services (12 comments)

1. Greater support for people with learning disabilities
2. Additional support for patients with chronic pain.
3. Patient information materials, such as posters and leaflets.
4. Better public information about healthy living and prevention.
5. Closer working and communication with hospitals.
6. More funding for pharmacies to provide personalised care based on local health needs.
7. Concerns about blood pressure checks being carried out without appropriate training and the need to follow agreed protocols.
8. Improved communication with GP practices following referrals from pharmacies.
9. Greater promotion of local pharmacy services to increase awareness.
10. Consideration of mental health medication monitoring requirements.
11. Staff visiting wellbeing spaces and promoting services through GP surgeries and online channels.
12. Ensuring services are covered when pharmacy staff are on leave, to avoid patients being redirected back to GP practices.

Please add any additional comments you may wish to make about Community Pharmacy Services (5 comments)

1. Positive feedback for Pinchbeck Pharmacy, with one respondent thanking the pharmacy for providing an excellent service.
2. Concern about limited availability of services on Sundays in some local towns.
3. One respondent raised concerns about pharmacists' assessment skills and suggested widening their clinical scope and exposure.
4. Staffing pressures were reported to impact service availability, with some patients being redirected between services.
5. Concerns were raised about COVID vaccination eligibility checks and understanding of immunocompromised patients, with the respondent noting that some services such as smoking cessation and weight management are accessed through OneYou, while GP practices continue to manage long-term conditions

How respondents heard about the survey

How respondents heard about the survey	%	Count
Training session or meeting	3%	1
Primary Care Intranet	3%	1
Practice manager or colleague	10%	3
Other (please state)	17%	5
Internal staff newsletter	23%	7
Internal staff email communication	27%	8
Email update (Primary Care Bulletin)	17%	5
Total	100%	30

Additional question:

Please leave your name, email address and role if you would like more information about Community Pharmacy clinical services or future training opportunities.

Five staff members provided their email address to receive further information.

Section 3 Community Pharmacy Staff Survey



Community Pharmacy Staff Survey – Overview

A total of 12 responses were received to the community pharmacy staff survey. Due to the limited number of responses, findings should be interpreted with caution. The following slides provide a high-level summary of key responses. Despite the small sample size, the feedback offers useful insight into community pharmacy staff perspectives on health inequalities and service delivery.

Respondent profile:

Roles

- 67% pharmacists (8/12 respondents)
- 1 dispenser/counter assistant and 1 trainee respondent
- 2 respondents identified as pharmacy managers.

Experience

- 67% (8/12) have worked in community pharmacy for 10+ years
- 3 respondents worked 3-6 years
- 1 respondent 6-10 years.

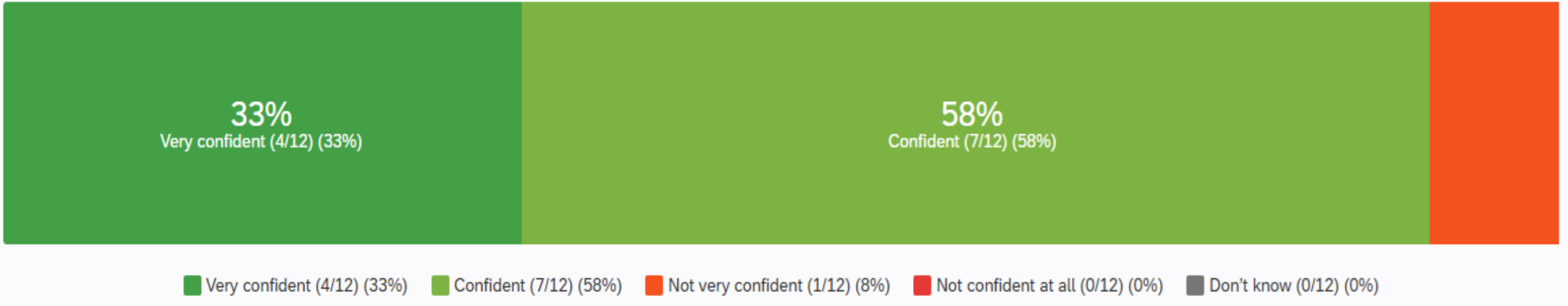
Type of pharmacy

- 58% (7/12) large multiples (more than 10 branches);
- 33% (4/12) independent pharmacies
- 8% (1/12) small chain (2-10 branches).

Understanding of health inequalities

Respondents were asked a number of questions about health inequalities and the role of community pharmacy. Responses were as follows:

- Community pharmacy staff were asked how confident they felt in their understanding of the term “health inequalities”. 91% reported feeling very confident (33%, 4/12) or confident (58%, 7/12) in their understanding.



Question: How confident are you in your understanding of “health inequalities”?

Staff were asked: “In your own words, what does ‘reducing health inequalities’ mean to you?” (8 comments)
Responses generally described reducing health inequalities as ensuring equal access to healthcare and medicines. Supporting vulnerable or underserved groups, addressing differences in health outcomes across communities and ensuring everyone has a fair opportunity to live a healthy life regardless of background, income or circumstances.

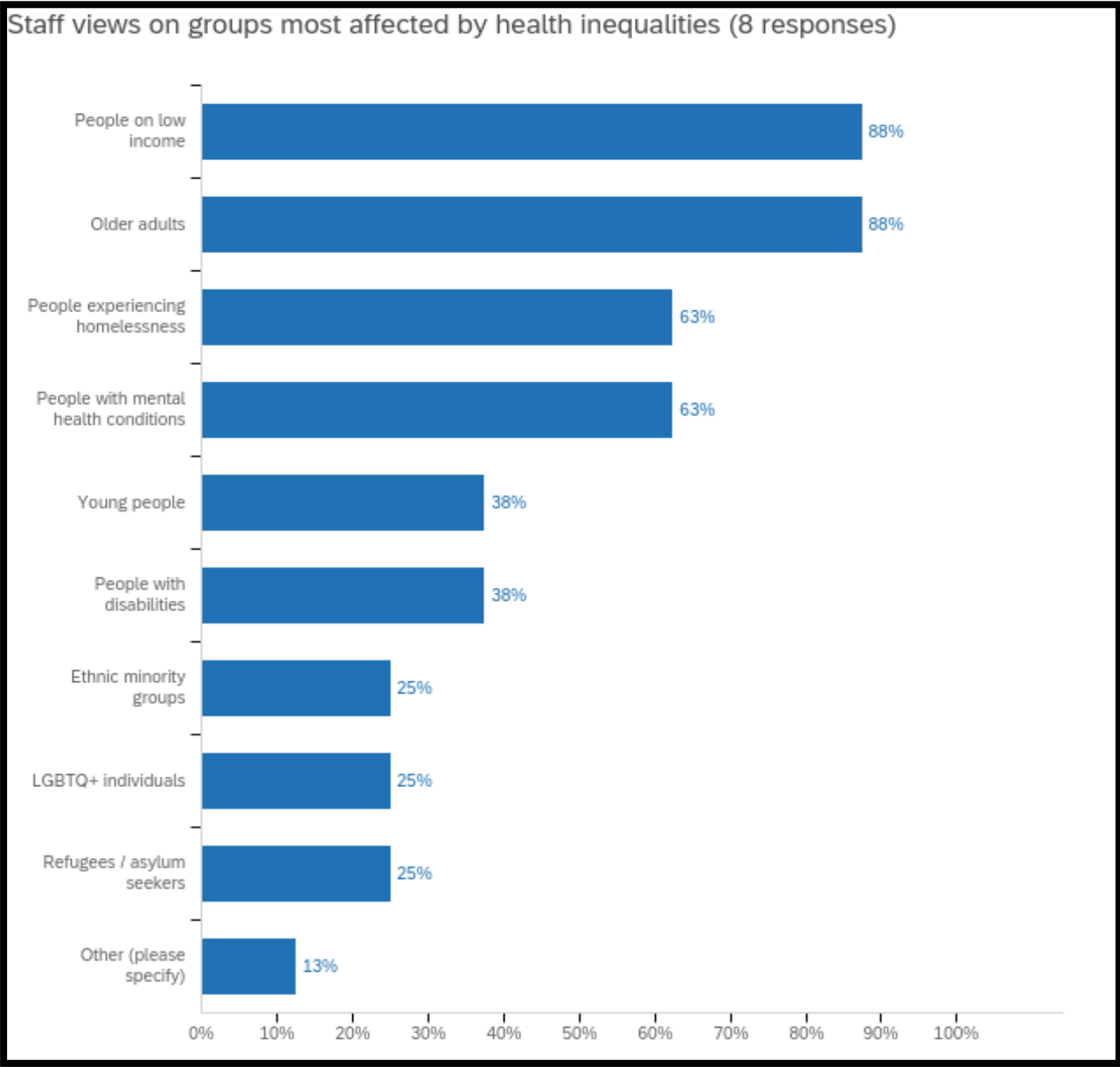
Groups most affected by health inequalities

Staff were asked which groups they felt were the most affected by health inequalities in their local area.

- The most frequently identified were:
- People on low incomes and older adults (7/8 respondents, 88%).
 - People experiencing homelessness and people with mental health conditions (5/ 8 respondents, 63%).

- Other groups highlighted included:
- Young people and people with disabilities (38%).
 - Ethnic minority groups, LGBTQ+ individuals and refugees or asylum seekers (25%).

Other (please specify) A respondent said that women are also the most affected.



Question: Which of the following groups are most affected by health inequalities in your local area? (select all that apply)

Community pharmacy staff views on health inequalities

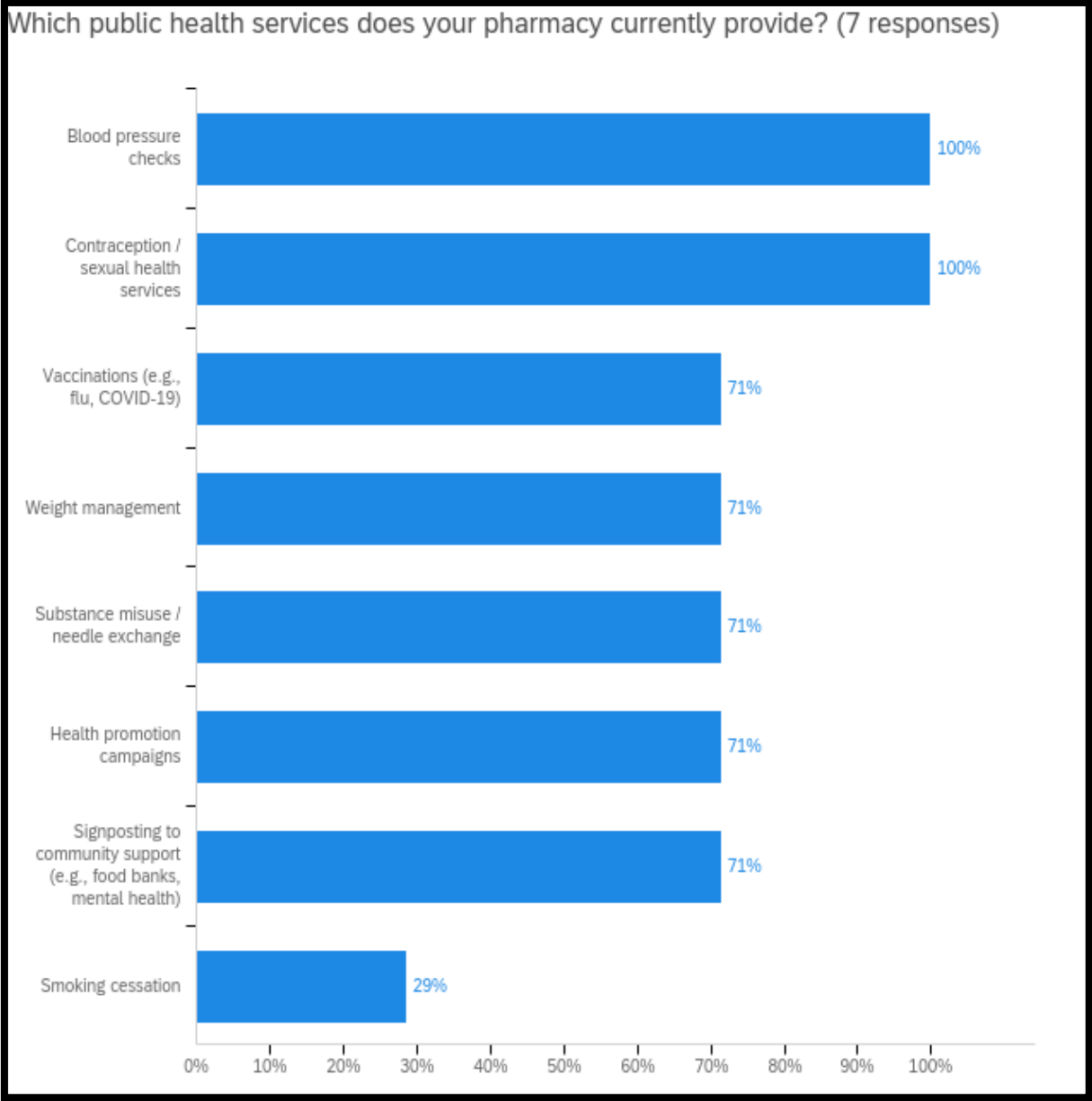
Most respondents agreed that community pharmacies play an important role in addressing health inequalities and helping to reduce them through advice, signposting and support.

All respondents agreed that their pharmacy is accessible and welcoming to everyone in the community. While most respondents also agreed that their pharmacy reaches out to underserved or vulnerable groups and felt confident discussing sensitive or cultural issues with patients, a small number of respondents expressed some disagreement.

Strength of agreement:	Strongly agree		Agree		Disagree		Strongly disagree		Total
Community pharmacies have a vital role in addressing health inequalities.	43%	3	43%	3	14%	1	0%	0	7
My pharmacy is accessible and welcoming to everyone in the community.	57%	4	43%	3	0%	0	0%	0	7
My pharmacy actively reaches out to underserved or vulnerable groups.	17%	1	67%	4	17%	1	0%	0	6
Pharmacy teams can help reduce inequalities through advice, signposting, and support.	57%	4	43%	3	0%	0	0%	0	7
I feel confident discussing sensitive or cultural issues with patients.	14%	1	71%	5	0%	0	14%	1	7

Public health services currently provided by community pharmacies

- All respondents reported providing blood pressure checks and contraception/sexual health services (100%)
- Most pharmacies also reported providing vaccinations, weight management support, substance misuse or needle exchange services, health promotion campaigns, and signposting to community support, with around 71% of respondents offering these services
- Fewer respondents reported providing smoking cessation services (29%).



Adapting services to meet the needs of different communities and barriers

Staff were asked how often their pharmacy adapts services to meet the needs of different communities (for example language support or flexible hours). Responses suggest that many pharmacies are already adapting services where needed.

- 57% (4/7) reported that they always adapt services to meet the needs of different communities.
- 29% (2/7) reported that they sometimes adapt services depending on patient needs.
- 14% (1/7) reported that they do not adapt services very often.
- No respondents reported never adapting services.

Additional comments (4) A small number of respondents provided additional comments about adapting services to meet community needs. Comments highlighted language barriers, particularly where pharmacies do not have access to interpretation services but receive referrals for patients requiring language support. Some respondents noted having multilingual or bilingual staff (3), while others described working closely with local GP practices, serving older populations, or accommodating patients outside normal opening hours.

Barriers to addressing health inequalities (5 comments)

A small number of respondents highlighted several barriers to addressing health inequalities. Comments included:

- Financial pressures and funding constraints, particularly for independent pharmacies, which can limit the ability to provide additional services such as free home delivery.
- Other barriers mentioned included language support challenges
- Limited availability of GP services such as home visits, and one respondent noted challenges with pharmacy location affecting visibility to patients.
- Some respondents also reported that being located near or within GP surgeries can influence whether patients choose pharmacy services.

Question: What are the main barriers your pharmacy faces in addressing health inequalities?

Community Pharmacy role in Health Inequalities

Willingness to take part in future public health initiatives

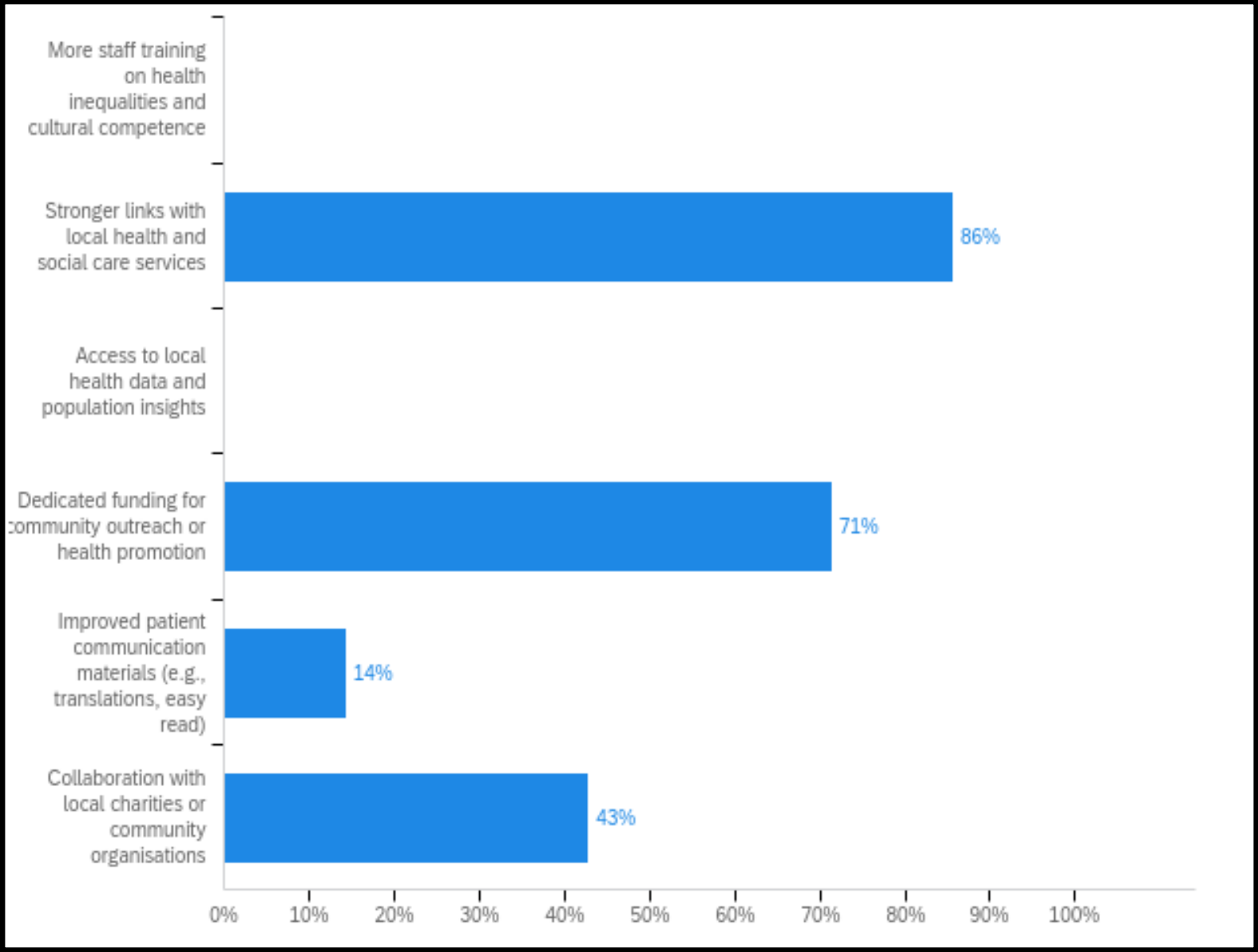
Respondents were asked how likely they would be to take part in future public health initiatives aimed at reducing inequalities.

- All respondents indicated they would be likely (83%, 5/6) or very likely (17%, 1/6) to take part in future public health initiatives aimed at reducing inequalities. (6 responses)

Future role of pharmacy teams in tackling health inequalities

Respondents were asked what role pharmacy teams could play in tackling health inequalities over the next five years.

Responses suggested pharmacy teams could play an important role through providing health advice and support, signposting patients to appropriate services, and working with other local health and community services to improve access to care. (6 responses).



Question: Which of the following would most help your pharmacy to reduce health inequalities? (Select up to 3)

Community Pharmacy staff views on training and support needs

Training related to public health or health inequalities

Respondents were asked whether they had received any training related to public health or health inequalities in the past two years:

- 14% (1/7) reported they had received training
- 86% (6/7) reported they had not received training.

What further training or resources would help you better support patients facing health inequalities?

Responses highlighted the need for more training and specialist teaching sessions, better collaboration with other healthcare professionals and social care services, easier access to professionals for signposting, and free promotional materials to display in pharmacies to help raise awareness of available support (5 responses).

Confidence in pharmacies making a difference to health inequalities

Staff were asked how confident they were that their pharmacy could make a meaningful difference in reducing health inequalities in their community. 85% of respondents reported feeling confident (71%, 5/7) or very confident (14%, 1/7), while 14% (1/7) reported they were not very confident. No respondents selected not very confident at all.

Is there anything else you would like to add about how community pharmacy could support more equitable health outcomes? (3)

Two respondents highlighted the need for increased and sustainable funding for community pharmacies, noting this would allow pharmacies to deliver a wider range of services and improve access to care. One respondent specifically mentioned that funding a minor ailment scheme locally could benefit groups such as older adults and children while helping reduce GP workload. One respondent had no additional comments.