Pharmacy Pressures Survey: Business Owners/Head Office

Questions for Head Office Representatives/Pharmacy Business Owners

Please note that only one representative from each pharmacy business should complete this survey – please check this is the case before doing so.

This survey will be closing on Monday 20th February.

A. Intro Questions

1. Name of the pharmacy business

This information is for internal use only; all responses will be kept confidential. We will fully anonymise all results before using them with individual responses only analysed by PSNC's finance team.

2. How many contracts are you responding on behalf of?



3. Which region(s) of England are your pharmacies in?

| East of England |
|-----------------|
| North West |

South East

East Midlands

North East

| | South | West |
|--|-------|------|
|--|-------|------|

Yorkshire and Humber

Greater London

West Midlands

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|--|--|
| . Financial Pressures | |
| 4. How do the current costs for your pharmac | cy (or pharmacies) compare with this time la |
| year? Significantly higher | Slightly lower |
| Slightly higher | Significantly lower |
| About the same | |
| 5. What have been the main drivers of any cos | st increases? (please select up to three) |
| Increase in remunerated business being carried | Transport/fuel costs |
| out (e.g. more services/dispensing) | Capital expenditure |
| Staffing/wages | Medicines purchasing costs not being fully |
| Utilities | covered |
| Business rates | Increased spend on staff time sourcing medicines |
| | |
| . Can you quantify any of your increased costs? | 9 If yes, please provide details below. |
| Can you quantify any of your increased costs? 7. Is your business now having to spend longe years? | |
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| 7. Is your business now having to spend longe years? Yes - longer than ever before | |
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| 7. Is your business now having to spend longer years? Yes - longer than ever before Yes - longer than this time last year About the same as last year | er to procure medicines than in previous |
| 7. Is your business now having to spend longer years? Yes - longer than ever before Yes - longer than this time last year About the same as last year No - not as long as last year Can you quantify how much longer? If yes, please | er to procure medicines than in previous ease provide details below. |
| 7. Is your business now having to spend longer years? Yes - longer than ever before Yes - longer than this time last year About the same as last year No - not as long as last year Can you quantify how much longer? If yes, please 9. How profitable is your pharmacy business as a second seco | er to procure medicines than in previous ease provide details below. |
| 7. Is your business now having to spend longer years? Yes - longer than ever before Yes - longer than this time last year About the same as last year No - not as long as last year Can you quantify how much longer? If yes, please | er to procure medicines than in previous ease provide details below. |

10. How serious are the threats to your pharmacy business at present?

- \bigcirc The threats are manageable
- \bigcirc We are managing the threats but we don't know for how much longer we can do so
- \bigcirc We won't survive another year
- \bigcirc We won't survive another six months

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|---|--|---|
| C. Staffing pressures | | |
| 11. Is your business curr | rently experiencing staff | shortages? |
| | Yes | No |
| Pharmacists: | \bigcirc | \bigcirc |
| Staff members: | \bigcirc | \bigcirc |
| 12. If yes, are these d | ue to (please tick all tha | t apply): |
| | illness unrelated to their | Difficulties finding locums |
| work Staff sickness, due to linked to working in | o stress or other issues the pharmacy | Difficulties covering staffing or locum costs |
| Difficulties recruiting | g permanent staff | |
| 13. Has your pharmac shortages (for any len Yes No | | es had to close temporarily due to staff |
| 14. If yes, how many pha | rmacies have been affe | cted in the last calendar month? |
| 15. And can you estimate been closed in the last ca | - | tal, those pharmacies have between them |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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D. Impact on Patient Services

16. Is your business experiencing an increase in any of the following?

| | Yes, significant increase | Yes, small increase | No increase |
|---|---------------------------|---------------------|-------------|
| Requests for healthcare advice - for minor conditions | \bigcirc | \bigcirc | 0 |
| Requests for healthcare advice - for more serious conditions | \bigcirc | \bigcirc | \bigcirc |
| Requests from patients unable to access General Practice | 0 | 0 | \bigcirc |
| Delays in prescriptions being issued by GP practices | \bigcirc | \bigcirc | \bigcirc |
| Incorrect messaging from GP practices to patients | \bigcirc | \bigcirc | 0 |
| Medicines supply chain/wholesaler issues | \bigcirc | \bigcirc | \bigcirc |
| Informal referrals from General Practice | \bigcirc | 0 | \bigcirc |

17. Are patient services being negatively affected by the pressures on your business?

- Patients are not being impacted
 -) We are struggling but mostly managing to protect our patients
- O They are being impacted but not critically
- They are being severely impacted
 impacted

18. What has the impact on patients been? (please tick all that apply)

| | Taking | longer | to | dispense | prescriptions |
|--|--------|--------|----|----------|---------------|
|--|--------|--------|----|----------|---------------|

-] Unable to source some medicines and supply these to patients
- Waiting longer to seek advice from staff in the pharmacy
- Unable to provide some Advanced Services

| Other (| please | state) |
|---------|--------|--------|
|---------|--------|--------|

- Unable to provide some locally commissioned services
- Unable to spend as much time with patients
- Unable to respond to patients' phone calls/emails as promptly as usual

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E. The Future

19. What capacity do you think your pharmacy/pharmacies have to take on the following new services, assuming these are fully funded?

| | No capacity | A little capacity | Some, if we could drop existing services/contractual requirements | Plenty of capacity |
|----------------|-------------|-------------------|--|--------------------|
| Pharmacy First | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Vaccinations | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Other services | \bigcirc | \bigcirc | \bigcirc | \bigcirc |

20. How concerned are you about the following issues at the moment?

| | Extremely concerned | Concerned | Somewhat concerned | Not very concerned | Not at all concerned |
|--|---------------------|------------|--------------------|--------------------|----------------------|
| Staffing | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Finances | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Medicines supply | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| My team's wellbeing | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Our ability to deliver non- Essential services | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| My pharmacy's ability to stay open | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Patient safety | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Our ability to help patients | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |

21. Are there any further comments you would like to make about the ongoing pressures on community pharmacies or about what, beyond additional funding, would help to ease them?