

2024 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 is open until 2nd April 2024

A. Intro Questions

* 1. Please enter your number of pharmacies

2. 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

3. If you would like to, please enter the name of the pharmacy business and ODS or POC codes

ODS and POC codes can be accessed using [this link](#)

This information is used for analytical purposes only

Pharmacy name:

ODS Code(s):

POC:

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B. Financial Pressures

4. How do the current costs for your pharmacy (or pharmacies) compare with this time last year?

- Significantly higher
- Slightly higher
- About the same
- Slightly lower
- Significantly lower

5. What have been the main drivers of any cost increases? (please tick all that apply)

- Increase in remunerated business being carried out (e.g. more services/dispensing)
- Staffing/wages
- Utilities
- Business rates
- Transport/fuel costs
- Capital expenditure
- Medicines purchasing costs not being fully covered
- Increased spend on staff time sourcing medicines

Other (please state)

6. Can you quantify any of your increased costs?

If yes, please provide details below.

7. Is your business having to spend longer to procure medicines than this time last year (March 2023)?

- 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

8. Can you quantify how much longer? If yes, please provide details below.

9. How profitable is your pharmacy business at present?

- We are still profitable
- We are still profitable, but only just
- We are losing money

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

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

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C. Staffing pressures

11. Is your business currently experiencing staff shortages for pharmacists or staff members, or struggling to recruit permanent team members?

| | Yes | No |
|-------------------------|-----------------------|-----------------------|
| Pharmacists: | <input type="radio"/> | <input type="radio"/> |
| Staff members: | <input type="radio"/> | <input type="radio"/> |
| Permanent team members: | <input type="radio"/> | <input type="radio"/> |

12. If yes, are these due to (please tick all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Staff sickness, due to illness unrelated to their work | <input type="checkbox"/> Difficulties finding locums |
| <input type="checkbox"/> Staff sickness, due to stress or other issues linked to working in the pharmacy | <input type="checkbox"/> Difficulties covering staffing or locum costs |
| <input type="checkbox"/> Difficulties recruiting permanent staff | |

13. Has your pharmacy/any of your pharmacies had to close temporarily due to staff shortages (for any length of time)?

- Yes
 No

14. If yes, how many pharmacies have been affected in the last calendar month?

15. And can you estimate how many hours, in total, those pharmacies have between them been closed in the last calendar month?

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D. Impact on Patient Services

16. Is your business experiencing an increase in any of the following compared with this time last year?

| | Yes, significant increase | Yes, small increase | No increase | Seeing reduction |
|---|---------------------------|-----------------------|-----------------------|-----------------------|
| Requests for healthcare advice - for minor conditions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Requests for healthcare advice - for more serious conditions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Requests from patients unable to access General Practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Delays in prescriptions being issued by GP practices | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Incorrect messaging from GP practices to patients | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medicines supply chain/wholesaler issues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Informal referrals from General Practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patients visiting our pharmacy/pharmacies after already visiting other pharmacies | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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
- They are being impacted but not critically
- They are being severely impacted

18. If patients are being impacted, can you provide any examples of harm this has caused to the health or wellbeing of individual patients?’

Please do not use any identifying information.

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

- | | |
|---|---|
| <input type="checkbox"/> Taking longer to dispense prescriptions | <input type="checkbox"/> Unable to spend as much time with patients |
| <input type="checkbox"/> Unable to source some medicines and supply these to patients | <input type="checkbox"/> Unable to respond to patients' phone calls/emails as promptly as usual |
| <input type="checkbox"/> Waiting longer to seek advice from staff in the pharmacy | <input type="checkbox"/> Medicines shortages meaning patients have to visit other pharmacies |
| <input type="checkbox"/> Unable to provide some Advanced Services | <input type="checkbox"/> Temporary closures meaning patients have to visit other pharmacies |
| <input type="checkbox"/> Unable to provide some locally commissioned services | |

Other (please state)

20. Has your pharmacy seen a noticeable increase in dispensing and/or an uptake of services as a result of other pharmacies nearby closing?

- Yes there is a noticeable increase
- Somewhat of a noticeable increase
- No noticeable increase

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You are now more than half-way through. Thanks for your responses so far, just two short sections to go. We value your views.

E. Pharmacy First Service

21. Has your pharmacy/any of your pharmacies signed up to provide the Pharmacy First service?

- Yes
 No

22. If yes, did you feel adequately prepared and ready to take on the new service?

- Yes, we were prepared and ready
 Somewhat prepared and ready
 Not adequately prepared or ready

23. When getting ready to provide the service, did you use any of the resources and information available from this page - cpe.org.uk/pharmacyfirst?

- Yes
 No

24. Since starting to provide the Pharmacy First service, what difference have you seen in your pharmacy / pharmacies? [Please tick all that apply]

- My pharmacy staff are busier than ever
 We have more patients attending or contacting the pharmacy directly without a referral
 We are dealing with more patient referrals than before
 Our patients are benefiting from the service
 Our pharmacists are enjoying using their professional skills to provide the service
 My staff haven't experienced much of a difference

Other (please specify)

25. If you selected no to **Q21**, why has your pharmacy / pharmacies not signed up to Pharmacy First?

- Lack of capacity to take on the service
- Not yet registered but plan to do so
- Other (please specify)

26. Are there any further comments you would like to make about the Pharmacy First Service?

We would be particularly interested to hear about how the service has benefited individual patients, or any other comments or concerns about the service that you have.

29. 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?

Please feel free to share details of any ongoing pressures and concerns and how these are affecting you and your business.

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Thank for your taking the time complete this survey, particularly at this very busy time. We value your views.