

2025 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.

Individual information is for external use only. Results will be collated and anonymised before sharing externally.

A. Intro Questions

* 1. Number of premises:

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
- London
- West Midlands

3. If you feel able to, we would be very grateful if you can please enter the name of the pharmacy business and/or an ODS or POC code (this information will be used to help us produce constituency averaged data for MPs)

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

Name of business:

POC (for organisations with more than 1 premise):

ODS Code(s):

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B. Financial Pressures

4. How do the current costs for your pharmacy (or pharmacies) compare with this time (January/February 2024) 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 select up to three)

- 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 (January/February 2024) last year?

- 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?

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. Have any of the following applied to you in the past year?

- You have not been able to pay wholesaler bills on time
- You have not been able to pay other bills on time
- The contractor, or other Directors, have not taken any salary or income from the business
- You have closed branches
- You have made staff redundant
- Your pharmacy business has been subsidised by personal savings
- Your pharmacy business has been subsidised by other parts of a larger business

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C. Business Threats and Outlook

11. 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

12. How will your business manage the upcoming increases in National Minimum Wage and National Insurance contributions, from April 2025?

- We will be able to absorb the cost increases
- We are looking at ways to reduce our costs further - this should not impact on patients
- We are looking at ways to reduce our costs further - this will impact on patients
- We won't be able to absorb these costs

13. Have you had to stop doing any of the following in order for your business to survive the past year? And do you expect to have to stop doing any of them in 2025?

	Already stopped	Will have to stop
Opening for extended hours	<input type="radio"/>	<input type="radio"/>
Recruiting staff/filling vacancies	<input type="radio"/>	<input type="radio"/>
Using locums	<input type="radio"/>	<input type="radio"/>
Advanced Services (due to lack of time/resource)	<input type="radio"/>	<input type="radio"/>
Locally commissioned services	<input type="radio"/>	<input type="radio"/>
Free deliveries of prescriptions	<input type="radio"/>	<input type="radio"/>
Paid for deliveries of prescriptions	<input type="radio"/>	<input type="radio"/>

Other - please specify if this has already stopped or will have to stop

14. Have you had to do any of the following in order for your business to survive the past year? And do you expect to have to do any in 2025?

	Already done	Will have to do
Reduce staff headcount	<input type="radio"/>	<input type="radio"/>
Reduce opening hours	<input type="radio"/>	<input type="radio"/>
Stop answering telephone calls	<input type="radio"/>	<input type="radio"/>
Refinance elements of the business	<input type="radio"/>	<input type="radio"/>
Invest personal savings into the business	<input type="radio"/>	<input type="radio"/>
Subsidise the NHS business in other ways, e.g. provision of private services	<input type="radio"/>	<input type="radio"/>
Take out emergency financing	<input type="radio"/>	<input type="radio"/>

15. What specific changes would most help alleviate pressures on your pharmacy? (Please rank the following in order of importance, with 1 being the most important and 6 being the least important.)

- Increased funding for community pharmacies to secure the sector's future
- Higher remuneration rates for dispensing medicines
- Higher fees for provision of clinical services
- Addressing medicines shortages and supply chain issues
- Funding to support recruitment and retention of pharmacy staff
- Expanding the range of appropriately funded NHS services that pharmacies can deliver

16. Please specify any other changes you think are needed:

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D. Staffing pressures

17. Is your business currently experiencing staff shortages?

	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"/>

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

- Staff sickness, due to illness unrelated to their work
- Staff sickness, due to stress or other issues linked to working in the pharmacy
- Difficulties recruiting permanent staff
- Difficulties finding locums
- Difficulties covering staffing or locum costs

19. Is your business currently struggling to recruit permanent team members?

	Yes	No
Pharmacists	<input type="radio"/>	<input type="radio"/>
Support staff members	<input type="radio"/>	<input type="radio"/>

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

- Yes
- No

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

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E. Impact on Patient Services

22. Is your business experiencing an increase in any of the following compared with (January / February) this time last year?

	Yes, significant increase	Yes, small increase	No increase
Requests for healthcare advice - for minor conditions	<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"/>
Requests from patients unable to access General Practice	<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"/>
Incorrect messaging from GP practices to patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicines supply chain/wholesaler issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informal referrals from General Practice	<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"/>

23. 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

24. 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)

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

26. 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

27. And how has this affected your business?

- Positively
- Negatively

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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.

F. Pharmacy First Service

28. Is your pharmacy/are any of your pharmacies signed up to provide the Pharmacy First service?

- Yes
 No

29. 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)

30. If you selected no to **Q28**, 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
 We have deregistered from the service

Other (please specify)

31. How has the income from Pharmacy First affected the business?

- It has helped us to remain viable or profitable
 It has helped us, but only a small amount
 It has had a negligible impact
 It has had no positive impact due to added costs of providing the service

32. 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.

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We track the pressures on community pharmacies on a regular basis ahead of all Community Pharmacy England Committee Meetings which these answers will inform.

G. Pressures Tracker

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

	Extremely concerned	Concerned	Somewhat concerned	Not very concerned	Not at all concerned
Staffing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicines supply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My team's wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our ability to deliver non-Essential services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My pharmacy's ability to stay open	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our ability to help patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. How are the following financial pressures affecting your pharmacy's overall ability to operate?

Please rank from a scale from 1-10, where 1 is minimum and 10 is maximum pressure.

	1	2	3	4	5	6	7	8	9	10	Don't know / prefer not to answer
Medicine market instability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inflation and utility bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase in demand for services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase in demand for healthcare advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workforce costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increasing rental rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unpredictable revenue stream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. 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.

36. Would you be happy to be contacted by a member of the Community Pharmacy England team to talk more about your experiences?

- No
- Yes (please provide contact details)

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