

Briefing 005/26: What pharmacy owners told us in February 2026

As part of Community Pharmacy England's commitment to working more closely with pharmacy owners – listening to them better, as well as engaging more regularly via events and other channels – we sought input from the sector ahead of the [February 2026 Committee Meeting](#).

Between 12th December 2025 and 22nd January 2026, the latest sector opinion poll gathered views from pharmacy owners to help inform Committee discussions. The poll sought to further quantify the extent to which pharmacy teams encounter abuse from patients and the public and included the regular financial and operational pressures tracker.

Thanks to all those who took the time to complete the survey. This briefing summarises the results you shared.

Opinion Poll Results

Participants representing 3,074 pharmacy premises in England engaged with the February Opinion Poll, giving a snapshot of thoughts from a range of different pharmacy businesses across the country.

Abuse in pharmacies

The main part of the February poll sought to gather more information about abuse in pharmacies.

Overall, the results – set out below – describe widespread, frequent, and escalating abuse toward community pharmacy teams. Incidents are predominantly verbal, but a concerning proportion escalate to credible threats, violence, theft, and intimidation.

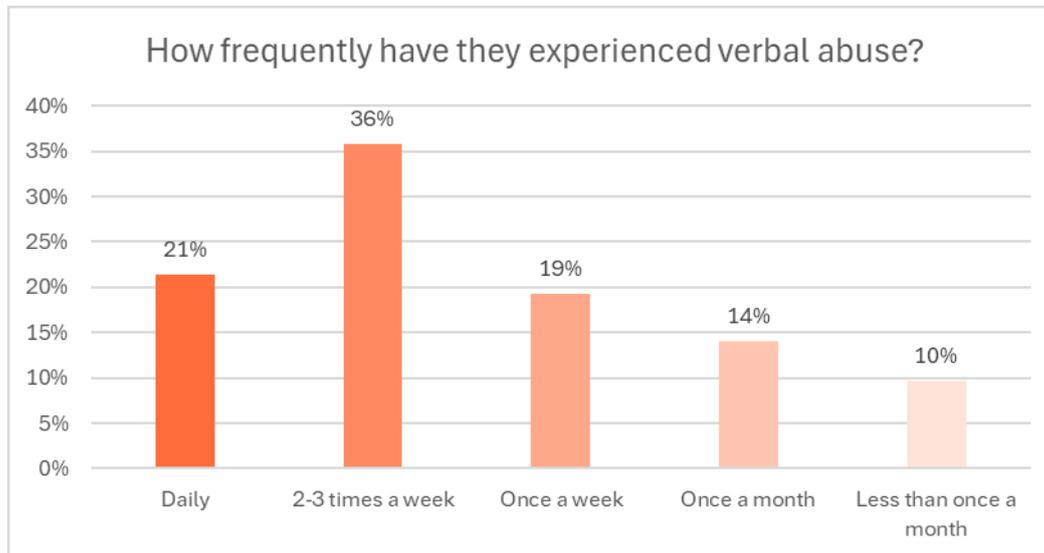
Abuse is often system-driven, with pharmacy teams absorbing frustration caused by other primary care delays, medicine shortages, NHS system failures, and unrealistic patient expectations.

Verbal abuse in pharmacies

The first section asked respondents about verbal abuse in pharmacies.



More than half of pharmacy premises (55%) reported verbal abuse happening in their pharmacies in the last 6 months. Of those pharmacies that experienced verbal abuse, **76% say it happens at least once per week.**



Respondents were asked to elaborate on the drivers of patient abuse and provide examples of any incidents where the pharmacy team have been subjected to verbal abuse. Below is a summary of what respondents told us.

Prescription Delays, Shortages, and Unrealistic Expectations

- The single most dominant driver of abuse relates to prescriptions not being issued, not transmitted, or not being ready when patients expect.
- Verbal aggression when GPs tell patients prescriptions are “ready” or “sent” when they have not yet been issued or transmitted.
- Abuse when patients arrive minutes after seeing a GP/prescriber and expect immediate dispensing.
- Hostility when prescriptions are incomplete, post-dated, sent to the wrong pharmacy, or issued in stages.
- Patients blaming pharmacy staff for delays or failures which may have originated in other parts of primary care or from hospital interfaces.

Medicine Shortages, Supply Chain Constraints, and Cost Pressures

- Verbal abuse when medicines are out of stock, subject to quotas, or unavailable from wholesalers or manufacturers. Often due to national or local medicine shortages.
- Anger over brand or formulation changes, especially when patients were not informed by prescribers.
- Escalation from frustration to threats, intimidation, and property damage when repeated shortages occur.

Abuse Related to Service Eligibility, Refusals, and Clinical Boundaries

- Many incidents arise when pharmacies enforce clinical, legal, or NHS eligibility rules.
- Verbal aggression when patients are not eligible for COVID or flu vaccinations despite NHS invitations.
- Abuse when Pharmacy First, PGD, or emergency supply criteria are not met.
- Hostility when staff refuse inappropriate OTC sales (e.g. codeine, co-codamol) or unsafe emergency supplies.
- Threats when controlled drugs, supervised consumption, or dependency-related prescriptions are delayed or refused.
- Accusations of incompetence or deliberate obstruction when staff follow SOPs or legal requirements.

Discriminatory Abuse, Intimidation, and Threats of Violence

- A significant proportion of responses describe behaviour that goes beyond frustration into hate incidents and criminal threats.
- Examples were provided of racist, religious, sexist, misogynistic, homophobic, and xenophobic abuse directed at staff.
- Personal insults, slurs, belittling comments, and microaggressions about appearance, accent, or identity.
- Some pharmacy teams experienced threats of physical violence, death threats, threats to burn down premises or harm their families.
- Physical intimidation including raised fists, blocking exits, following staff outside work, and filming staff.
- In extreme cases, physical assault, weapons (including guns) and vandalism were described. (*See below section on physical assault.*)



Normalisation of Abuse, Systemic Pressure, and Staff Impact

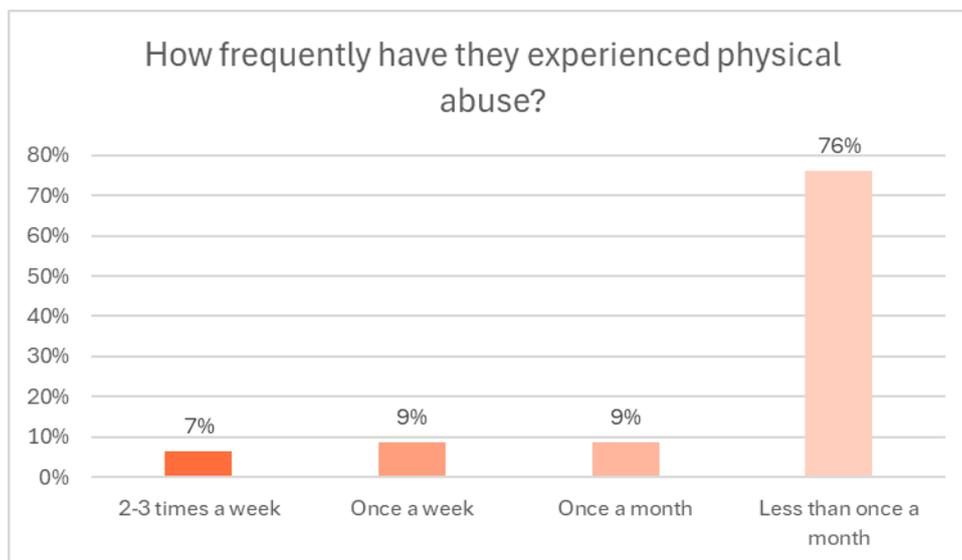
- Across responses, abuse is described as frequent, escalating, and increasingly normalised.
- Daily verbal abuse becoming routine, with staff emotionally exhausted and demoralised. Leading to a reluctance to engage with patients, burnout, and retention challenges.
- Abuse disproportionately directed at counter staff, trainees, women, and younger team members.
- Increased shoplifting, aggression during busy periods, and abuse over phone calls and online reviews.
- Reports of limited or slow response from the police in cases of escalating violence, weapons and direct threats to staff.

Physical abuse in pharmacies

The next section asked respondents about physical abuse in pharmacies.

6% of premises report incidents of physical abuse happening in the last 6 months.

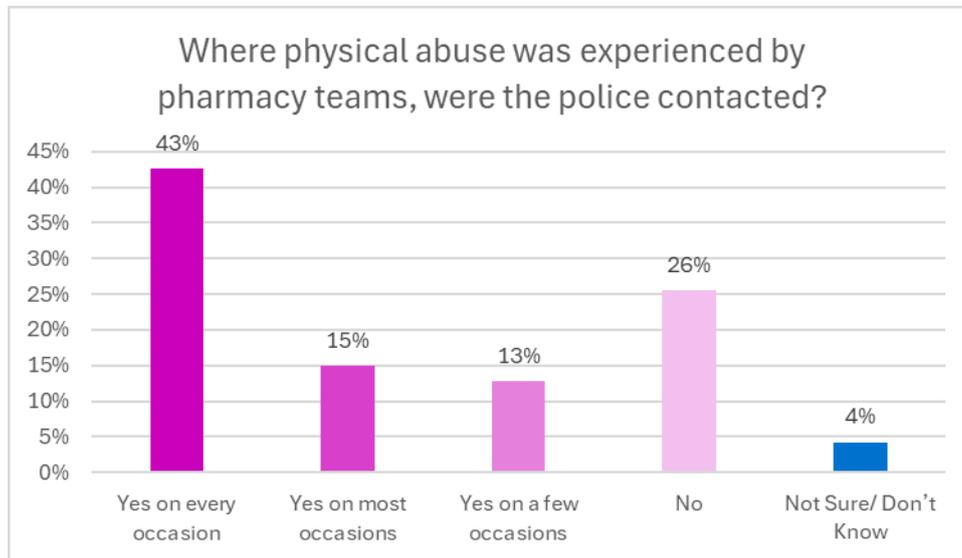
Of those that experienced physical abuse, **78% say it happens less than once a month**. Meanwhile, 7% say this has happened 2–3 times a week and 9% say once a week.



Respondents were also asked whether the police were contacted where physical abuse was experienced by pharmacy teams. 43% of the premises report that the police were contacted on



every occasion and 15% say the police were contacted on most occasions. However, it was concerning that **in a quarter of cases of physical abuse (26%) the police were not contacted.**



Respondents were asked to elaborate on the drivers of patient abuse and provide examples of any incidents where the pharmacy team have been subjected to physical abuse. Below is a summary of what respondents told us.

Physical Assaults on Staff

- Multiple respondents describe direct, intentional physical harm to pharmacy staff, often without warning and sometimes resulting in injury.
- Staff being pushed, shoved, grabbed, kicked, punched, or shaken during confrontations.
- Incidents of staff being strangled, attacked from behind the counter, or physically restrained by patients.
- Patients invading personal space, squaring up, pressing fingers into faces, or blocking exits.
- Assaults occurring both inside the pharmacy and outside during locking up or after hours.
- Physical injuries requiring medical attention, hospital visits, or leading to staff leaving the profession.

Objects Used as Weapons

- Several reported medication boxes, bottles, creams, pens, coins, chairs, sanitary products, and display items thrown at staff.

- Shelving, counter displays, and fixtures pushed over in the direction of employees.
- Patients gesturing with sharp objects (razor blades) or threatening with knives inside the pharmacy.

Spitting and Degrading Physical Acts

- Spitting was repeatedly cited and experienced as both physically abusive and deeply distressing for staff.
- Incidents occurring alongside shouting, threats, and aggressive posturing.
- Pharmacy staff shared the psychological impact and heightened fear during COVID and post-COVID periods due to infection risk.

Substance Misuse, Mental Health Crises, and High-Risk Patients

- Many severe incidents were reported to involve some of the most vulnerable patients suffering with acute mental health needs.
- Reports of intoxicated individuals engaging in erratic, unpredictable, or violent ways.
- Mentally unwell patients experiencing delusions or paranoia leading to serious assaults.
- Staff reported being placed in unsafe situations without specialist support or rapid response from the wider NHS team.

Shoplifting, Property Damage, and Environmental Violence

- Physical abuse often arises in the context of theft or dissatisfaction with service.
- Shoplifters becoming aggressive and violent when challenged by staff.
- Deliberate damage to doors, walls, counters, windows, and pharmacy interiors.
- Patients refusing to leave premises after closing time, requiring police intervention.

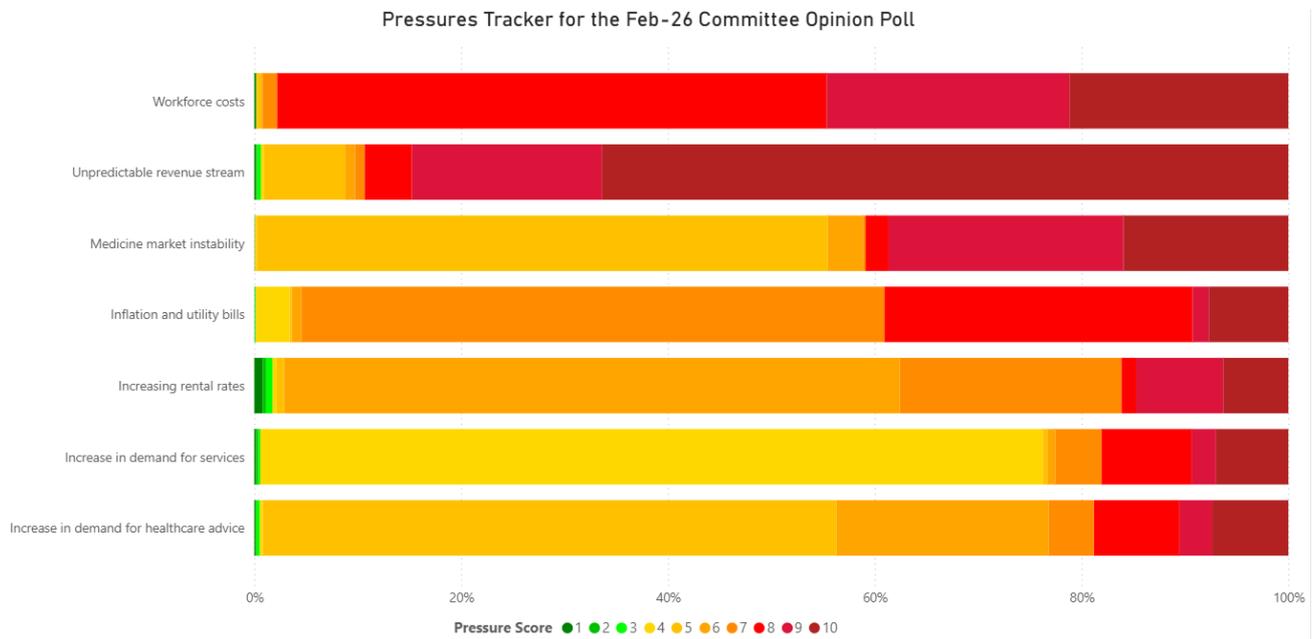
Pressures Tracker

For tracking purposes, we repeated the question on pharmacy pressures from previous surveys. Participants were again asked to rank pressures from 1 to 10, with 10 being the highest pressure.

Unpredictable revenue stream and **workforce costs** are reported as the highest pressures for the February 2026 poll.



The table below shows the pressures tracked, with 10 being the highest pressure and one the lowest.



Using the data

The full polling results were considered by all Community Pharmacy England Committee members at the February Committee Meeting, feeding into discussions. The results, including many personal stories, were distressing and there was much concern from the Committee. Members discussed what could be done to mitigate this and to make sure pharmacy teams are properly supported when it does happen.

The Communications and Public Affairs Subcommittee discussed what actions could be taken in response to the patient abuse polling results, including using some of the case studies to raise awareness of the issue through the media. Community Pharmacy England will raise these concerns with the relevant police organisations and with DHSC and NHS England teams. We will also ensure that Government and Parliamentarians are aware of these difficult findings.

Sector poll findings will continue to inform our work, including pressing for funding uplifts and other improvements for the sector through our influencing programme. We regularly reference poll results in media and political engagement and combine these with feedback from LPCs and Regional Representatives to inform ongoing strategy and work.



Regular polling of pharmacy owners will remain an important tool for us in gauging sentiment and consulting on key issues across the sector, as well as for gathering powerful case studies to drive our messages home through the media.

Pharmacy Pressures Survey 2026

The 2026 Pharmacy Pressures Survey is now open – and your voice matters more than ever.

Each year, thousands of pharmacy owners and team members share their experiences, giving us the hard evidence to show Government, the NHS and the media the true state of community pharmacy – from funding gaps and supply issues to staffing pressures and patient impact.

Your input will help us quantify the challenges you face and push harder than ever for urgent investment and real support. Your experience matters – and it strengthens the case for every pharmacy.

[Take part now](#)

If you have any queries or require more information, please contact: comms.team@cpe.org.uk