

# **Public perceptions of community pharmacy**

**Findings from a survey with adults in  
England conducted on behalf of NHS  
England**

**September 2022**

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# 1. Executive Summary

This summary presents the key findings from a survey conducted by Ipsos on behalf of NHS England about public perceptions of community pharmacies. The survey was undertaken via Ipsos' UK KnowledgePanel, with a total of 2,067 responses achieved amongst residents across England aged 16+ between 21<sup>st</sup> and 27<sup>th</sup> July 2022.

## 1.1 Use of community pharmacies

In England, small chain or independent pharmacies are the most commonly contacted or visited by the public (41%), followed by large or medium sized pharmacy chains (35%). However, their usage is not a frequent occurrence with only around one-quarter (26%) saying they contact or visit a pharmacy at least monthly, either for themselves or someone they care for. Meanwhile, one in five (20%) say they do not normally contact or visit a community pharmacy. In general, pharmacy users are habitual when it comes to contacting or visiting a pharmacy: around three-quarters (73%) say they tend to use the same community pharmacy.

Proximity to people's homes is by far the main driver of the public's choice of which community pharmacy to use (71%). The location of the pharmacy is also the most important aspect of convenience for the public (67%). The most commonly used modes of transport for pharmacy users to get to community pharmacies are walking (58%) and by car (51%).

## 1.2 Awareness and use of pharmacy services

Pharmacies are known to offer a multitude of services; primarily, providing medicines prescribed by a doctor (78%), selling medicines like paracetamol or eye drops to treat minor illness (72%), and providing advice, about both medicines (64%) and about minor health problems (61%). Indeed, of the various health services or sources of information available<sup>1</sup>, the public identify pharmacies as the organisations they would be most likely to go to if they needed information and advice on medicines (68%) or information and advice on a minor condition such as a sore throat or earache (54%).

In line with this, when asked what services community pharmacies *should* offer (outside of the obvious services, like dispensing prescribed medicines), the key services identified are providing advice about both minor health problems (71%) and medicines (67%). However, these are closely followed by a number of routine services that are currently primarily viewed as services provided by GP practices, such as offering flu vaccines (64%) and checking blood pressure (64%). This suggests that there is public appetite for using community pharmacies for some functions they would currently see as the domain of GP practices, representing a clear opportunity for expanding the services pharmacies offer.

The most common reasons for using a community pharmacy in the previous year were to pick up a prescription (74%) and buy medicine like paracetamol or eye drops (50%). Most of the public in England pick up prescriptions in-person (for themselves or for someone they care for), both for one-off urgent

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<sup>1</sup> The organisations and sources listed to select from included: A&E; friends/family; GP practice; hospital; NHS walk-in centre; NHS website; other internet source (not the NHS website); NHS 111 (telephone or online); pharmacy; sexual health or contraception service; through work/employer; would do it myself. Participants could also state a different organisation or source not listed.

(84%) prescriptions and regular prescriptions (77% among those who have a regular prescription). This is in line with how the vast majority would *like* to receive them (one-off urgent 76%, regular 65%). A small proportion would like to have their prescriptions delivered to them by a member of a community pharmacy (one-off urgent 11%, regular 13%). However, for more regular prescriptions utilising postal delivery could be beneficial, with 17% looking to receive their prescriptions like this.

Improvements could be made around communicating with pharmacy users about when their prescriptions are ready. While around two-thirds of those who have a regular prescription (63%) agree that their pharmacy performs well at letting them know when their prescription is ready, one-third (33%) believe that they do not perform well on this.

### 1.3 Confidence and satisfaction with community pharmacies

Pharmacy users in England report positive experiences of community pharmacies. For example, on their last visit to a community pharmacy, most feel they were treated with respect (87%), were able to get what they needed (87%) and thought that the facility was clean and well maintained (87%).

Similarly, those who have used a pharmacy in the last year for advice about medicines, a health problem or injury, or what health service they should use, are overwhelmingly positive about the quality of the advice that they received. Nearly all (91%) say that they received good advice and just 3% say that it was poor.

There are high levels of confidence in a pharmacist prescribing medication independently of a doctor or nurse when prescribing medicines a person has had before (77%) and for medication they are currently prescribed (70%). However, this confidence falls to 56% if the medication being prescribed is something they have not taken before.

### 1.4 Level of comfort with new pharmacy services

In general, the public would feel comfortable with community pharmacies offering the new services that were asked about, though there is some variation.

- Amongst smokers, 85% would feel comfortable being referred by an NHS service to a community pharmacy for regular support to stop smoking
- Nearly all of the public (90%) say they would feel comfortable seeing a community pharmacist for a minor illness such as an earache, having spoken to the GP receptionist, instead of organising an appointment with their GP.
- Similarly, most (90%) would be comfortable with being referred to a pharmacist for an appointment on the same day to discuss a minor illness following an online consultation with a nurse or GP.
- The public are a little less comfortable with community pharmacy staff supporting them to lose weight, if they wanted to lose weight – though still three-quarters say they would feel comfortable with this (75%).
- Just over half (55%) would be comfortable with a proactive approach by community pharmacy staff to suggesting a conversation about how to manage their weight.

## 1.5 Conclusions

Pharmacy users are satisfied with community pharmacies overall, which means there is a strong base from which to develop new pharmacy services, with the public saying they would be comfortable with community pharmacies providing a range of new services. However, pharmacies are currently associated and trusted with some services more than others. Alongside dispensing and selling medications, they are often seen as being there to provide advice and information about medications and minor health conditions.

This means that, as new services are introduced to community pharmacies, there would be a benefit to raising awareness of the services and increasingly shifting perceptions of what community pharmacy can (safely) offer. Communications on the role of pharmacies can build on the positive perceptions that the public already holds towards them.

## 2. Introduction

### 2.1 Background and objectives

This report presents the findings of a research project undertaken by Ipsos on behalf of NHS England (NHSE) exploring public attitudes towards community pharmacy in England.

The role of community pharmacy has been transforming over recent years, driven, largely, by the Pharmacy Integration Fund (PhIF). New services have been designed that utilise how embedded community pharmacy is within local communities, and its ability to reach and advise patients from both a healthcare and preventative perspective – an ability that was particularly highlighted during the COVID-19 pandemic.

NHSE commissioned a survey of the public to serve as the basis for tracking changes in awareness and perceptions of community pharmacy over the coming years, as the role of community pharmacy continues to develop. The survey seeks to explore the following objectives:

- Awareness and use of services that community pharmacies currently provide.
- Understanding how the public interact with pharmacies and how they choose which pharmacy to use.
- Confidence in pharmacy staff and satisfaction with pharmacy services.
- Perceptions and views of the services that community pharmacy should offer, including new community pharmacy services being developed by NHSE. Proposed services explored include referrals from NHS services for support to stop smoking, referrals from GP practices to community pharmacies and preventative services to address obesity.

### 2.2 Methodology

This survey was conducted via the UK KnowledgePanel. The KnowledgePanel is Ipsos' random probability online panel. It has 25,000 panellists who are recruited using off-line random probability unclustered address-based sampling, the gold-standard in UK survey research, meaning that every household in the UK has a known chance of being selected to join the panel.

The survey was conducted between **21<sup>st</sup> and 27<sup>th</sup> July 2022**. A total number of **2,067** responses were achieved amongst residents across England aged 16+.

#### Recruitment to the panel

Panellists are recruited via a random probability unclustered address-based sampling method. This means that every household in the UK has a known chance of being selected to join the panel. Letters are sent to selected addresses in the UK (using the Postcode Address File) inviting them to become members of the panel. Invited members are able to sign up to the panel by completing a short online questionnaire or by returning a paper form. Up to two members of the household are able to sign up to the panel. Members of the public who are digitally excluded are able to register to the KnowledgePanel either by post or by telephone, and are given a tablet, an email address, and basic internet access (see further information below) which allows them to complete surveys online.



## Sampling

The KnowledgePanel is a random probability survey panel. Therefore, the KnowledgePanel does not use a quota approach when conducting surveys. Instead invited samples are stratified when conducting waves to account for any profile skews within the panel. The sample was stratified by education, meaning that panel members were ordered by their highest level of education prior to their random selection. The randomly selected sample then ensures adequate representation by education.

A total of 3,402 respondents were selected and invited to take part in the survey. The selected sample was then reviewed on key demographics to ensure a balanced sample was selected for the survey. A total of 2,067 respondents completed the survey, delivering a response rate of 61%.

## Weighting

In order to ensure the survey results are as representative of the target population as possible, the below weighting spec was applied to the data in line with the target sample profile.

Two members per household are allowed to register on the KnowledgePanel. Therefore, we employed a design weight to correct for unequal probabilities of selection of household members.

Calibration weights have also been applied using the latest population statistics relevant to the surveyed population. Two sets of calibration weights are applied:

- Calibration weighting was applied using the following variables (using ONS 2020 mid-year population estimates as the weighting targets): an interlocked variable of Gender by Age and region.
- Demographic weights were then applied to correct for imbalances in the achieved sample. The data was weighted on (using ONS 2020 mid-year population estimates and the ONS Annual Population Survey as the weighting targets): Education, Ethnicity, Index of Multiple Deprivation (quintiles), and number of adults in the household.

### 2.3 Notes about the report and interpretation of data

Throughout the report findings will highlight, and make reference to, different sub-groups based on responses to certain questions. When interpreting the survey findings, it is important to remember that the results are based on a sample of the population, not the entire population. Consequently, results are subject to margins of error.

This report comments on differences in the data between different sub-groups within the total sample surveyed. A difference has to be of a certain size in order to be statistically significant and only differences which are statistically significant at the 95% confidence interval are commented on in this report. In addition to being statistically significant, only sub-group differences which are interesting and relevant to the question being analysed are commented on in the report.

For the most part, only sub-groups with 100 or more participants are commented on in this report. It should be noted, however, that the smaller the size of the sub-group, the less we can rely on the survey estimates to be true representatives of the population as a whole. In some cases, sub-groups comprising fewer than 100 participants may be commented on in the report and these should be treated with particular caution.

Survey participants are permitted to give a 'don't know' answer to most of the questions and these responses are not excluded from the analysis. These responses are referred to in the report where they form a substantial proportion.

Where percentages do not sum to 100, this is due to computer rounding, the exclusion of 'don't know' categories, or participants being able to give multiple answers to the same question. Throughout the report an asterisk (\*) denotes any value of less than half of one per cent but greater than 0%.

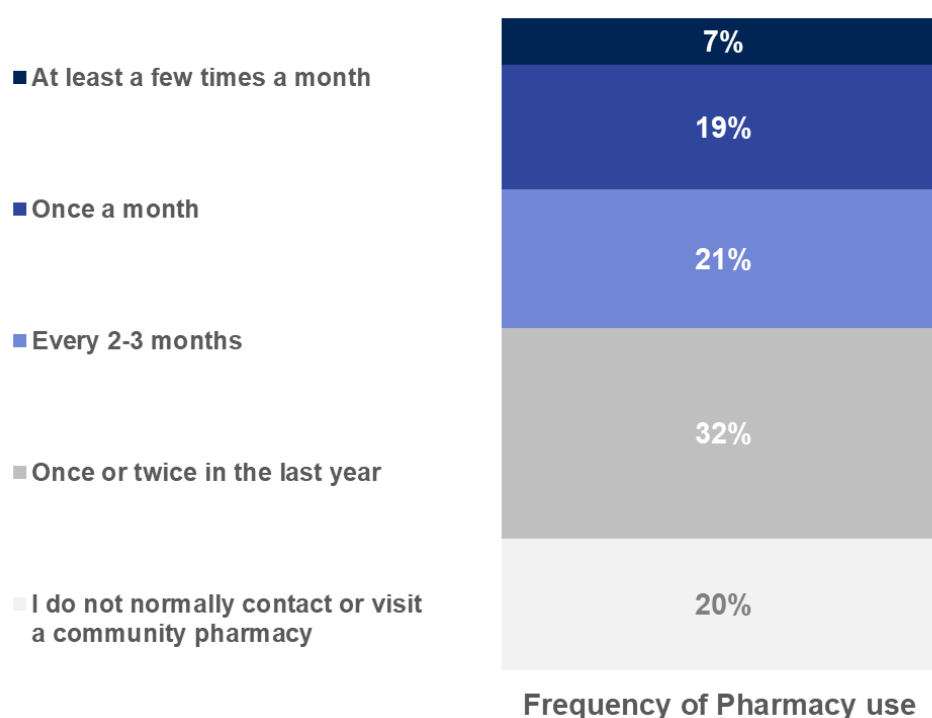
### 3. Use of community pharmacies

This chapter of the report explores overall use of community pharmacies, including the type of pharmacies the public use, how often and whether they tend to use one or multiple pharmacies. It also considers how the public select which pharmacy to use and what aspects of convenience are most important for them.

#### 3.1 Frequency of pharmacy use

Contacting or visiting the pharmacy is not a frequent occurrence for the majority of the public. Around one-quarter (26%) say they contact or visit a community pharmacy, either for themselves or someone they care for, at least monthly, while one in five (20%) say they do not normally contact or visit a community pharmacy.

**Figure 3.1: Q3. Approximately how often, if at all, have you contacted or visited a community pharmacy in the last year, either for yourself or someone you care for (including any children you have)?**



Base: All respondents living in England (n= 2,067). Survey conducted via Ipsos KnowledgePanel 20<sup>th</sup> -27<sup>th</sup> July 2022.

Groups with a greater frequency of contacting or visiting community pharmacies include:

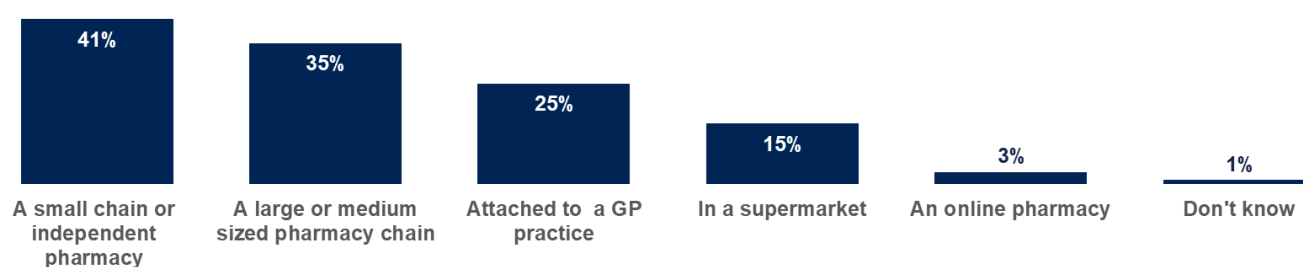
- Older people (44% of those aged 75 and over and 33% of those aged 65 to 74 use pharmacies at least monthly, compared with 26% overall).
- People with a disability (42% use pharmacies at least monthly, compared with 21% of those who do not have a disability).

- Carers (55% use pharmacies at least monthly, compared with 25% of those who are not carers)<sup>2</sup>.
- Women (29% use pharmacies at least monthly, compared with 23% of men).

### 3.2 Types of pharmacies used

In England, small chain or independent pharmacies are the most commonly contacted or visited by the public (41%), either for themselves or someone they care for, alongside large or medium sized pharmacy chains (35%). In addition, one-quarter (25%) use pharmacies attached to a GP practice.

**Figure 3.2: Q7. Thinking about the community pharmacy you contact or visit most regularly either for yourself or someone you care for (including any children you have), which of the following, if any, best describes the community pharmacy?**



Base: All respondents living in England who have contacted or visited a pharmacy in the last year (n= 1,680). Survey conducted via Ipsos KnowledgePanel Fieldwork 20<sup>th</sup> -27<sup>th</sup> July 2022.

There are differences in the types of pharmacies that the public use depending on where they live. People living in London are more likely to use small chain or independent pharmacies (57%, compared with 41% overall), while those living in the North are more likely to utilise a large or medium sized chain (40%, compared with 35% overall). People living in Yorkshire and the Humber and the South West are more likely than others to use a pharmacy attached to a GP practice (34% and 33% respectively, compared with 25% overall). This is likely to be linked to levels of urbanity and rurality, as those living in rural areas are also more likely to utilise pharmacies that are attached to a GP practice (34%, compared with 23% of those living in urban areas).

Those working full-time are more likely to use supermarket and online pharmacies as their most regular type of pharmacy (20% for supermarket pharmacies and 4% for online pharmacies, compared with 12% and 2% respectively of those not working full-time) – though full-time workers still use other types of pharmacies more. Those aged 25 to 34 are also more likely to use supermarket pharmacies (22%, compared with 15% overall) and online pharmacies (8%, compared with 3% overall).

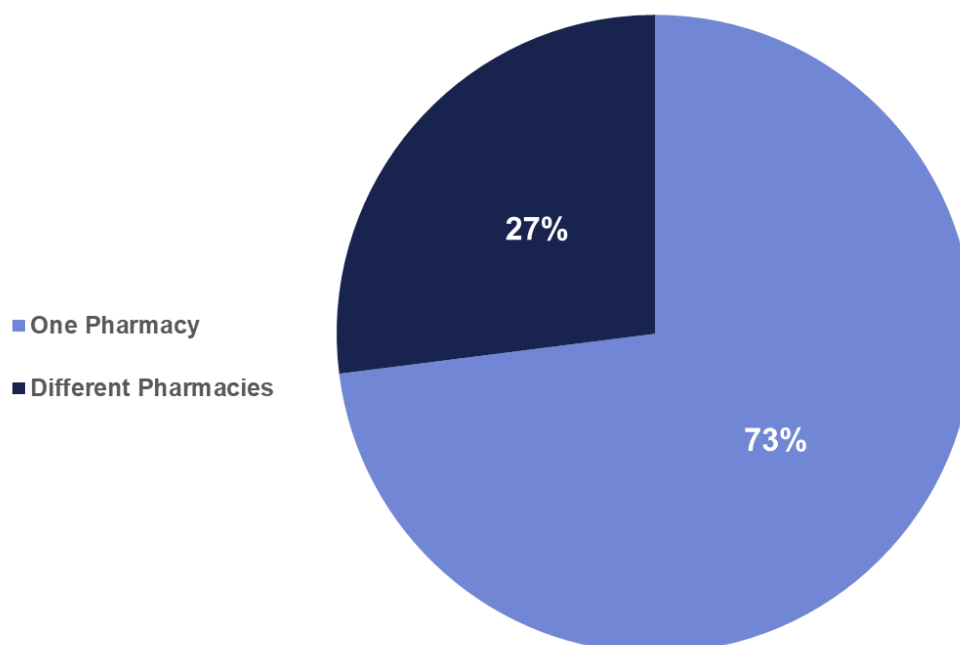
<sup>2</sup> Please treat results for carers with caution, as they are based on a small number of participants (75).

Very few of the public use an online pharmacy (3%). In addition to those working full-time and those aged 25 to 34, this is driven by: males (4%); those who live in the most deprived areas (5%); and carers<sup>3</sup> (9%).

### 3.3 Consistency of pharmacy use

Pharmacy users tend to be habitual with their choice of pharmacy. Around three-quarters (73%) say they tend to use one community pharmacy, while one-quarter (27%) use different pharmacies.

**Figure 3.3: Q6. Do you tend to use one community pharmacy, or do you use different community pharmacies?**



Base: All respondents living in England who have contacted or visited a pharmacy in the last year (n= 1,680). Survey conducted via Ipsos KnowledgePanel Fieldwork 20<sup>th</sup> -27<sup>th</sup> July 2022.

People who most regularly use a supermarket pharmacy are more likely to use different pharmacies (47%, compared with 27% overall) respectively – this may be linked to the younger age profile of those regularly using supermarket pharmacies.

Pharmacy users who are older and who have a disability are more likely to use one pharmacy rather than different pharmacies.

- Those aged 65 to 74 (82%) and 75 and over (90%) say they use one pharmacy, compared with 73% overall.
- People with a disability are more likely than those who do not have a disability to say they use one pharmacy (78% compared with 71%).

There are also some key differences by region. Pharmacy users located in the North of England are more likely to visit the same pharmacy (78%, compared with 73% overall) while those in London are

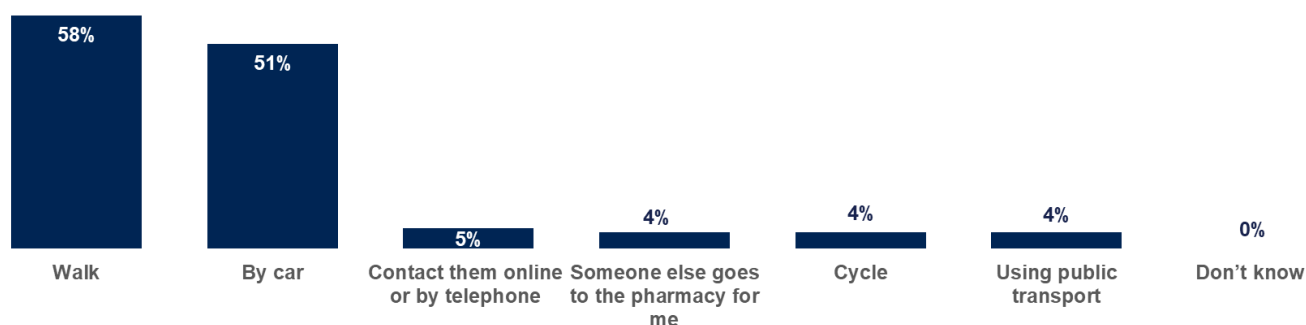
<sup>3</sup> Please treat results for carers with caution, as they are based on a small number of participants (75).

more likely to use different pharmacies (36%, compared with 27% overall). This may be linked to the greater geographic concentration of pharmacies in London and/or to those living in London tending to be younger.

### 3.4 Mode of transport used to get to pharmacies

The most commonly used modes of transport for pharmacy users to get to community pharmacies are walking (58%) and by car (51%). Few use other modes of transport at the moment.

**Figure 3.4: Q8. Still thinking about the community pharmacy you contact or visit most regularly, how do you tend to get to that pharmacy at the moment?**



Base: All respondents living in England who have contacted or visited a pharmacy in the last year and do not use an online pharmacy (n= 1,642). Survey conducted via Ipsos KnowledgePanel Fieldwork 20<sup>th</sup> -27<sup>th</sup> July 2022.

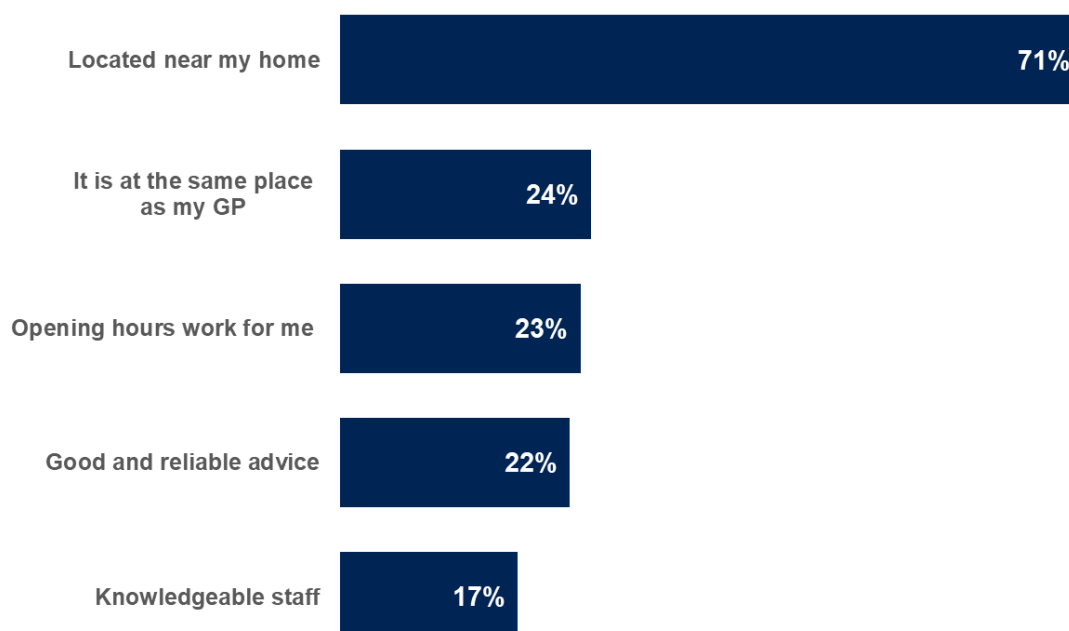
There are some differences within the population, likely linked to the distances people need to travel to their regular pharmacy:

- Pharmacy users living in London are more likely to walk to their pharmacy (81%, compared with 58% overall), as well as to use public transport (11%, compared with 4% overall). Meanwhile, people living in the North and the Midlands are more likely to travel by car (56% and 60% respectively, compared with 51% overall).
- Pharmacy users living in urban areas are most likely to walk to the pharmacy (64%), while those who live rurally are most likely to use a car (69%).
- Likely linked to location, pharmacy users from ethnic minority backgrounds are more likely to walk to their regular pharmacy (71%, compared with 56% of pharmacy users from a White ethnic background) as well as to use public transport (10% compared with 3%).
- Pharmacy users aged over 75 are more likely to have someone else assist collecting items from the pharmacy (7%, compared with 4% overall) or to contact the pharmacy online or by telephone (10%, compared with 5% overall).
- Disabled pharmacy users are also more likely to have assistance with someone else going to the pharmacy for them (8%, compared with 3% of those who are not disabled).

### 3.5 Reasons for choosing a pharmacy

When choosing which community pharmacy to use, proximity to the home is by far the main driver of people's choice (71%). Other important factors include: the pharmacy being in the same place as their GP practice (24%); convenient opening hours (23%); and having good and reliable advice (22%).

**Figure 3.5: Q4. How do / would you choose which community pharmacy to use? Top 5**



Base: All respondents living in England (n= 2,067). Survey conducted via Ipsos KnowledgePanel Fieldwork 20<sup>th</sup> -27<sup>th</sup> July 2022.

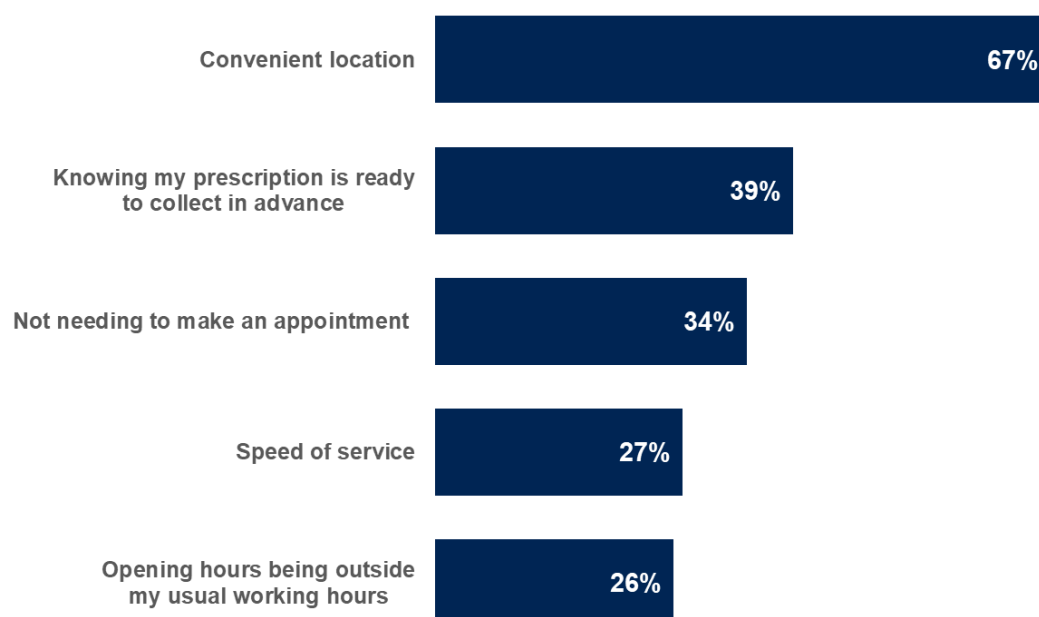
Being located close to their home is particularly important for those who live in London (78%, compared with 71% overall), which correlates with Londoners being more likely to walk to their regular community pharmacy. For people who use a pharmacy that is attached to their GP practice, 59% choose their pharmacy for this reason.

While location remains the most important factor influencing choice of pharmacy for all demographic groups, there is greater emphasis placed on a pharmacy providing good and reliable advice by: those aged over 75 (31%); those who are disabled (27%); women (24%); and people from ethnic minority backgrounds (29%) (all compared with 22% overall). In addition, convenient opening hours are more important for those who work full-time (33%) and those who regularly use a supermarket pharmacy (37%) (both compared with 23% overall).

### 3.6 Convenience of pharmacies

In the same way that proximity to the home is the main influencer of choice of pharmacy, when thinking about the convenience of community pharmacies, a convenient location is most important to the public (67%). Knowing that their prescription is ready to collect in advance (39%) and not needing to make an appointment (34%) are also important to the public.

**Figure 3.6: Q5. Thinking specifically about how convenient pharmacies are for you to use, which two or three of the following are more important to you, if any? Top 5**



Base: All respondents living in England (n= 2,067). Survey conducted via Ipsos KnowledgePanel Fieldwork 20<sup>th</sup> -27<sup>th</sup> July 2022.

Being in a convenient location is the most important aspect of convenience regardless of the type of pharmacy people regularly use. However, there are some differences in perspectives of convenience. For example, most notably, 41% of those who regularly use a supermarket pharmacy say that having opening hours outside their usual working hours is most important (compared with 26% overall).

Age plays a role in determining what types of convenience are more likely to be important. Younger people prioritise the opening hours being outside of their usual working hours (40% of 25 to 54 year olds, compared with 10% of those aged over 55). This is linked to being of working age, with 43% of those working full-time saying it is important that the pharmacy is open outside of working hours. In contrast, older people are more likely to place importance on knowing that the prescription will be ready to collect (48% of those aged over 55, compared with 33% of those aged under 55).

Also linked to age to some extent, people with a disability are more likely to find it important that they can contact the pharmacy by telephone (19%, compared with 13% of those who are not disabled) and that the pharmacy will deliver their prescription (16% compared with 11%).

### 3.7 Chapter summary

- The public are most likely to use chain pharmacies; either small chain or independent pharmacies, or large or medium sized chains.
- Contacting or visiting the pharmacy is not a frequent occurrence for the majority of the public, though people aged 65 and over, people with a disability, carers and women all use community pharmacy more frequently.



- In general, pharmacy users consistently use a single pharmacy, being much more likely to use just one pharmacy rather than multiple pharmacies – particularly people who are older and who have a disability.
- Most pharmacy users either walk to their regular pharmacy or go by car. A pharmacy's location being near their home is critical in informing the public's decisions about which pharmacy to use, with a convenient location being the aspect of convenience that is most important to them.
- Knowing that their prescription is ready to collect in advance and not needing to make an appointment are also important to the public from a convenience perspective.

## 4. Awareness and use of pharmacy services

This chapter explores different pharmacy services in detail, in order to understand the public's awareness of different services, what purposes they view community pharmacies as fulfilling at present and services they think pharmacies should offer, as well as which services they have been using. It also takes the function that the public most associate with pharmacies – providing prescribed medication – to look at how people currently collect their medication and how they would ideally like to.

### 4.1 Use of pharmacies versus other organisations

Of the various health services or sources of information available<sup>4</sup>, the public identify pharmacies as the organisations they would be most likely to go to if they needed information and advice on medicines (68%) or information and advice on a minor condition such as a sore throat or earache (54%). GP practices are often the first port of call for the public, though of the different areas asked about pharmacies would be the second option for:

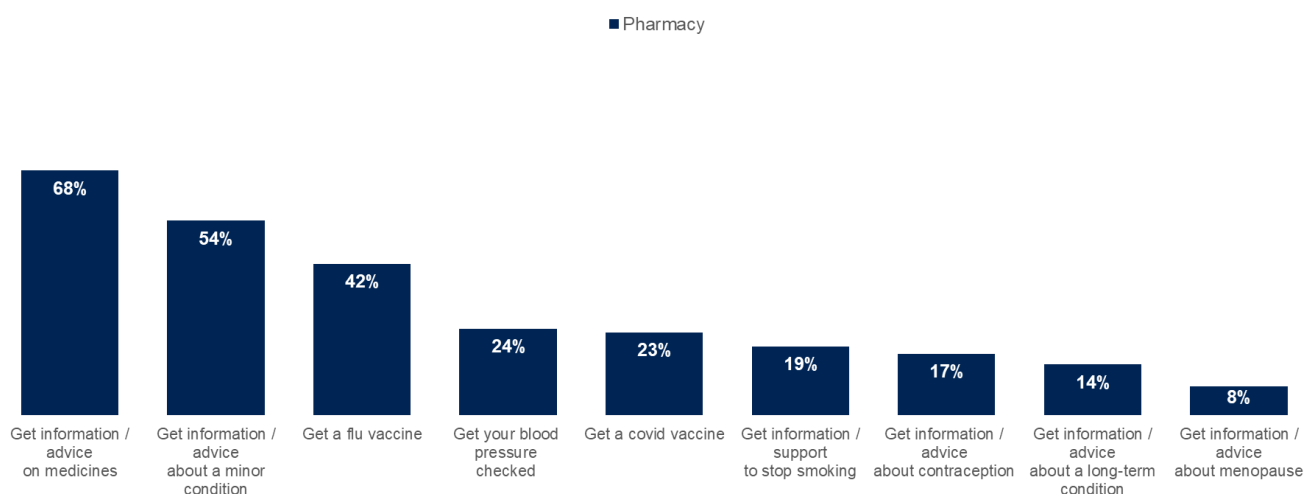
- Flu vaccines (GP practice 73%; pharmacy 42%).
- Getting their blood pressure checked (GP practice 79%; pharmacy 24%).

The areas asked about where the public are least likely to turn to a pharmacy are for advice about menopause (8%), getting information and advice about a long-term condition (14%) or getting information and advice about contraception (17%).

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<sup>4</sup> The organisations and sources listed to select from included: A&E; friends/family; GP practice; hospital; NHS walk-in centre; NHS website; other internet source (not the NHS website); NHS 111 (telephone or online); pharmacy; sexual health or contraception service; through work/employer; would do it myself. Participants could also state a different organisation or source not listed.

**Figure 4.1: Q2. Who or which organisation, if any, would you go to if you wished to...? Chart shows the percentage selecting a pharmacy for each type of use.**



Base: All respondents living in England (n= 2,067). Survey conducted via Ipsos KnowledgePanel 20<sup>th</sup> -27<sup>th</sup> July 2022.

Women are more likely than men to say they would go to a pharmacy for some types of need, including for information or advice about medicines (72% compared with 63%), information or advice about a minor condition (59% compared with 48%), for a flu vaccine (44% compared with 39%), and to get their blood pressure checked (27% compared with 22%).

The organisation that different age groups would go to differs by type of use:

- Older people are more likely to say they would use a pharmacy for a COVID-19 vaccine (26% of those aged 55 and over, compared with 23% overall), for information or advice about medicines (73% of those aged 45 and over, compared with 68% overall), and for information or advice about minor conditions (63% of those aged 45 and over, compared with 54% overall).
- However, older people are less likely to say they would go to a pharmacy as the first port of call for a flu vaccine (33% of those aged 75 and over, compared with 42% overall) or for information or advice about a long-term condition (10% of those aged 65 and over, compared with 14% overall). For both of these, they are more likely to say they would use a GP practice.
- Older people are also less likely to say they would use a pharmacy for a blood pressure check (20% of those aged 65 and over, compared with 24% overall) or, among older smokers, for information or support to stop smoking (13%, compared with 19% overall).

People who have a disability are also more likely than those who do not, to say that a pharmacy would be their first port of call for information or advice about medicines (74% compared with 67%), and for information or advice about minor conditions (62% compared with 52%).

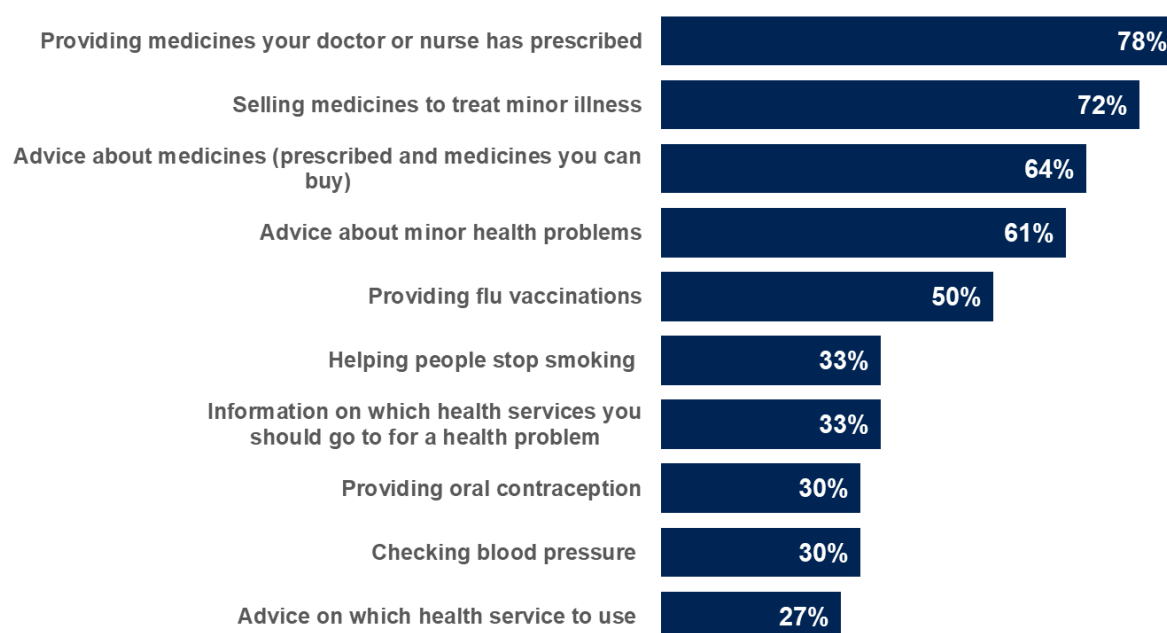
People who live in the most deprived areas tend to be more likely to say they would use a pharmacy for some specific services: for information or advice about a long-term condition (19%, compared with 14% overall), for a blood pressure check (31%, compared with 24% overall) and, among smokers, for information or support to stop smoking (26%, compared with 19% overall). Given the role that pharmacies already play in providing healthcare for those experiencing health inequalities due to living in

the most deprived areas, and the potential for this role to be expanded, it is promising that this population are more likely to say they would use a pharmacy for some services.

## 4.2 Awareness of pharmacy services

The pharmacy services that the public have greatest awareness of are: providing medicines prescribed by a doctor or nurse (78%); selling medicines like paracetamol or eye drops to treat minor illness (72%); and providing advice, about both medicines (64%) and about minor health problems (61%).

**Figure 4.2: Q9. Thinking about the regular community pharmacy that you use, either for yourself or someone you care for (including any children you have), which of the following services do you think they currently offer if any? Top 10 services**



Base: All respondents living in England who have contacted or visited a pharmacy in the last year (n= 1,680). Survey conducted via Ipsos KnowledgePanel Fieldwork 20<sup>th</sup> -27<sup>th</sup> July 2022.

Older pharmacy users are more aware of some pharmacy services, such as providing prescribed medicines (88% of those aged 65 and over say pharmacies do this, compared with 78% overall) or providing advice about minor health problems (70% of those aged 55 and over say pharmacies do this, compared with 61% overall). However, younger people are more aware of the role that pharmacies can play in directing them to other health services: 44% of 16 to 34 year olds say pharmacies provide information on which health services people should go to for a health problem (compared with 33% overall) and 43% say they provide advice on which health service to use (compared with 27% overall).

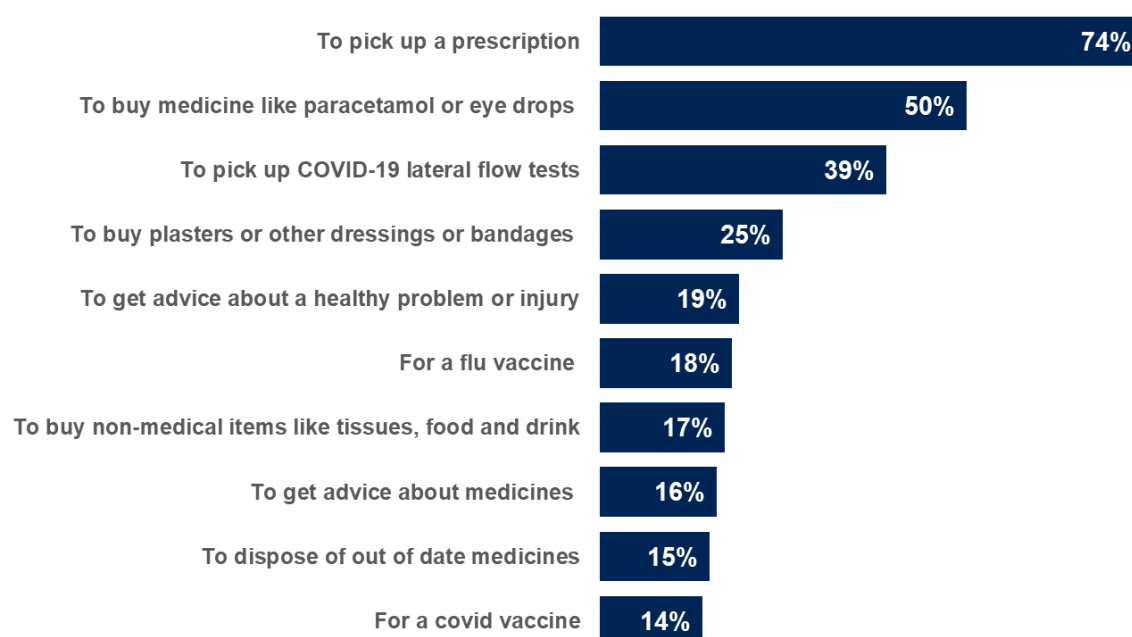
Pharmacy users from ethnic minority backgrounds are less aware that community pharmacies can offer a number of the different services. This applies both to services that involve providing medication (for example, 68% say that pharmacies provide medicines the doctor or nurse has prescribed, compared with 80% of people from White ethnic backgrounds), and to services around providing advice to patients (for example, 54% say pharmacies provide advice about medicines, compared with 66% of people from White ethnic backgrounds). This may be linked to the younger age profile of people from ethnic minority backgrounds (48% of participants from ethnic minority backgrounds are aged 16 to 34, compared with 27% of participants from a White ethnic background).

In general, pharmacy users whose regular pharmacy is a large or medium chain tend to be more likely to identify a range of different pharmacy services. For example, 68% say the pharmacy provides advice about minor health problems (compared with 61% overall) and 36% that they check blood pressure (compared with 30% overall).

### 4.3 Use of pharmacies in the past 12 months

In the past 12 months, pharmacies across England have been most used for collecting a prescription (74%). They are also commonly used for buying medicine such as paracetamol or eye drops (50%), picking up COVID-19 lateral flow tests (39%) and buying plasters or other dressings / bandages (25%).

**Figure 4.3: Q15. Thinking about the past 12 months, which of these things did you contact or visit the pharmacy for, either for yourself or someone you care for (including any children you have)?**

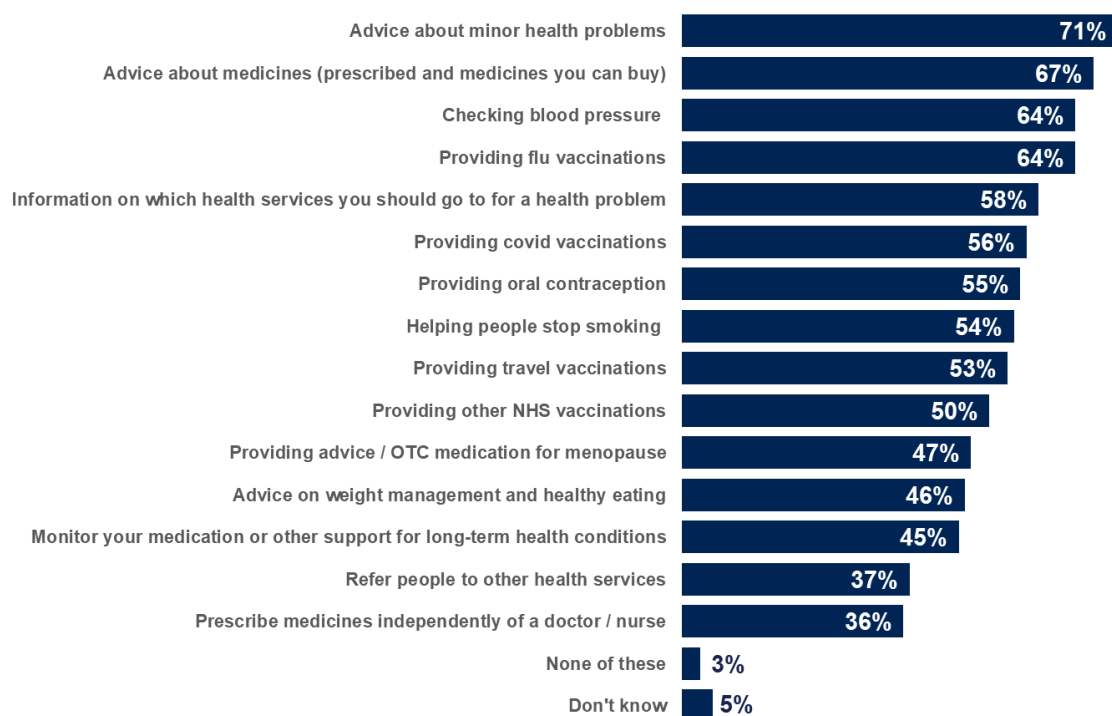


Base: All respondents living in England and have contacted or visited a pharmacy in the last year (n= 1,680). Survey conducted via Ipsos KnowledgePanel 20<sup>th</sup> -27<sup>th</sup> July 2022.

### 4.4 Perceptions of which services pharmacies should offer

The public were asked which services they think community pharmacies *should* offer, from a list that excluded obvious services such as dispensing prescribed medicines or selling medicines over the counter. Of these, the key services the public want to see in pharmacies are providing advice about minor health problems (71%) and advice on medicines (67%). This is followed by more routine practices that are currently more associated with a GP practice, including offering flu vaccines (64%) and checking blood pressure (64%). The public support for pharmacies providing these types of services suggests that there is potential to further expand the offering at pharmacies, which in turn would reduce the workload for GP practices. In addition, 58% think pharmacies should provide information on which health services they should go to for a health problem. The services that the public are least likely to think that pharmacies should provide are referring people to other health services (37%) and prescribing medicines independently of a doctor or a nurse (36%).

**Figure 4.4: Q10. And regardless of what services you think community pharmacies currently offer, which of the following services, if any, do you think community pharmacies should offer?**



Base: All respondents living in England (n=2,067). Survey conducted via Ipsos KnowledgePanel Fieldwork 20<sup>th</sup> -27<sup>th</sup> July 2022.

To some extent, the services that different age groups think community pharmacies should provide are aligned with the services they themselves are more likely to need. For example, people aged 25 to 34 are more likely to say pharmacies should provide oral contraception (67%, compared with 55% overall) while those aged 45 to 74 are more likely to say they should provide flu vaccinations (70%, compared with 64% overall).

As seen previously, older people seem to see a greater role for community pharmacy in providing certain types of advice. For example, 73% of those aged 45 and over think they should provide advice about medicines (compared with 67% overall) and 79% of those aged 65 and over think they should provide advice about minor health problems (compared with 71% overall). However, they are less likely to think community pharmacies should provide other services, such as:

- Prescribing medicines independently of a doctor or nurse (27% of those aged 65 and over think they should do this, compared with 36% overall).
- Referring people to other services (28% of those aged 65 and over think they should do this, compared with 37% overall).
- Providing advice on weight management and healthy eating (36% of those aged 65 and over think they should do this, compared with 46% overall).

There are other differences in desired services by age, for example with 45 to 64 year olds more likely to want pharmacies to check people's blood pressure (72%, compared with 64% overall) and 35 to 44 year

olds more likely to say they should refer people to other health services (43%, compared with 37% overall).

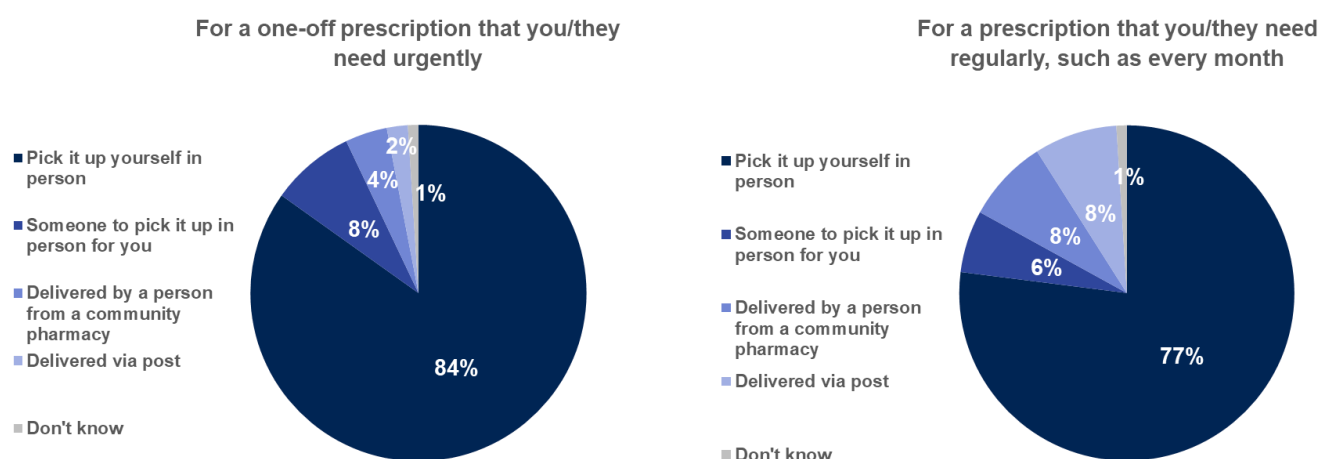
People living in the most deprived areas tend to be less likely to think that pharmacies should offer some of these services. For example, just 61% say they should offer advice about medicines, compared with 67% overall. The one service that they are more keen on pharmacies offering is prescribing medicines independently of a doctor or nurse (41%, compared with 36% overall).

People who have a disability are particularly positive about pharmacies monitoring their medication or other support if they have a long-term condition (51%, compared with 43% of those who do not have a disability). They are also more positive about pharmacies providing advice on medicines (73% compared with 66%) and prescribing medicines independently of a doctor or nurse (41% compared 34%).

#### 4.5 Current approaches to receive prescribed medication

Most of the public would pick up a prescription themselves in-person (for themselves or someone they care for). This is the case both for a one-off prescription needed urgently (84%), and for regular prescriptions (77%, among those who need to pick up a regular prescription).

**Figure 4.5: Q11. If you needed to pick up or receive prescribed medicine from a community pharmacy either for yourself or someone you care for (including any children you have), how would you currently do this in each of the following scenarios?**



Base: Left-hand chart: All respondents living in England (n=2,067). Right-hand chart: All who need a regular prescription, for themselves or someone they care for (n=1,845). Survey conducted via Ipsos KnowledgePanel Fieldwork 20<sup>th</sup> -27<sup>th</sup> July 2022.

The public would be a little more likely to rely on someone else to collect their prescription when it is a one-off than when it is a regular prescription (8% compared with 6% of those who have a regular prescription). The following groups are more likely to have someone pick up a prescription for them, whether one-off or regular:

- People from an ethnic minority background in comparison with people from a White ethnic background (17% compared with 7% for a one-off prescription and 12% compared with 5% for a regular prescription among those who have one).

- People who have a disability in comparison with people who do not (13% compared with 6% for a one-off prescription and 10% compared with 5% for a regular prescription among those who have one).
- People living in the most deprived areas in comparison with overall (12% compared with 8% for a one-off prescription and 9% compared with 6% for a regular prescription among those who have one).

In addition to this, the following groups are more likely to say they would have someone else collect their prescription for a one-off urgent occurrence:

- Women (10%, compared with 7% of men).
- People not working full-time (10%, compared with 6% of people working full-time).

Only a small proportion say they would have their prescription delivered by a person from the pharmacy (4% for one-off prescriptions and 8% for regular prescriptions, among those who have one). Across both types of prescription, there are some consistencies with who this particularly applies to:

- Those aged 75 and over in comparison with overall (9% compared with 4% for a one-off prescription and 15% compared with 8% for regular prescriptions among those who have one).
- Those living in the North in comparison with overall (6% compared with 4% for a one-off prescription and 13% compared with 8% for regular prescriptions).

In addition, people from an ethnic minority background who have regular medication are more likely to say they would have prescriptions delivered by a person from a community pharmacy for regular medication (19%, compared with 7% of people from a White ethnic background), as are people who have a disability (12%, compared with 7% of people who do not have a disability). In contrast, carers are more likely to get a delivery for one-off prescriptions (10%, compared with 4% of those who are not carers)<sup>5</sup>.

## 4.6 Preferred ways to receive prescribed medications

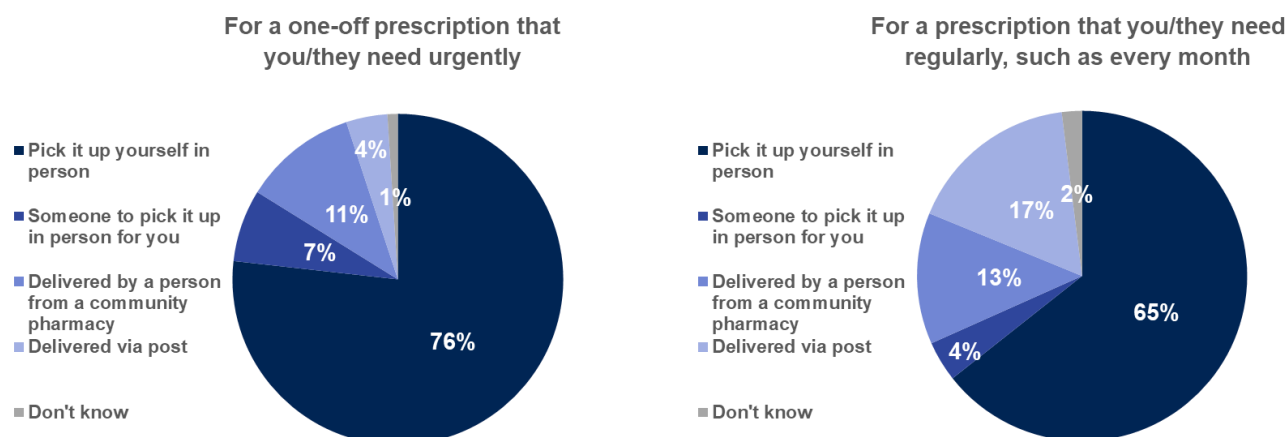
Looking at how the public would like to receive prescribed medicine from community pharmacies, preferences are in line with how they currently receive it, as discussed in Section 4.5. The public would prefer to pick up prescribed medication, both for one-off urgent prescriptions (76%) and regular prescriptions (65%). Around one in ten would ideally have one-off urgent prescriptions delivered to them by pharmacy staff (11%). A similar proportion (13%) would like to receive regularly prescribed medicine in this way, though there is also a desire to receive regular medication in the post among 17% of the public.

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<sup>5</sup> Please treat findings with caution, as they are based on a small number of individuals (85).



**Figure 4.6: Q12. And how would you like to pick up or receive prescribed medicine from a community pharmacy, if you or someone you care for (including any children you have) needed it in each of the following scenarios?**



Base: All respondents living in England (n=2,067). Survey conducted via Ipsos KnowledgePanel Fieldwork 20<sup>th</sup> -27<sup>th</sup> July 2022.

All demographic groups would prefer to pick up prescribed medication, both for one-off urgent and regular prescriptions. However, there is greater demand for delivery among some groups, suggesting that delivery by a person from the pharmacy is more important for those who may have greater health needs, while delivery by post is more important for those requiring convenience.

**Table 1. Demographic groups that are particularly likely to say they would like their prescription to be delivered by a person from community pharmacy**

For a one-off/urgent prescription (in comparison with 11% overall)	For a regular prescription (in comparison with 13% overall)
<ul style="list-style-type: none"> <li>Women (13%)</li> <li>Aged 75 and over (16%)</li> <li>From an ethnic minority background (20%)</li> <li>Not working full-time (13%)</li> <li>Living in the North West (17%)</li> <li>Carers (26%)</li> <li>People with a disability (16%)</li> </ul>	<ul style="list-style-type: none"> <li>Aged 75 and over (18%)</li> <li>From an ethnic minority background (28%)</li> <li>Not working full-time (15%)</li> <li>Living in the North (18%)</li> <li>Living in the most deprived areas (20%)</li> <li>Carers (23%)</li> <li>People with a disability (18%)</li> </ul>

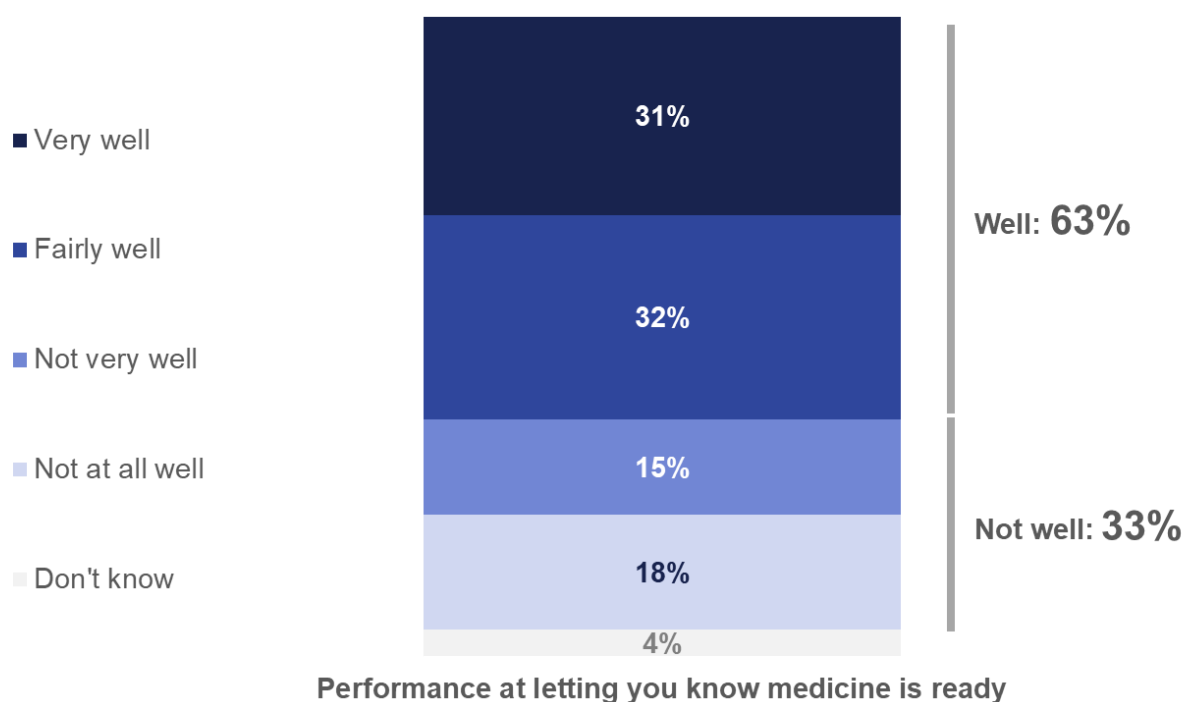
**Table 2. Demographic groups that are particularly likely to say they would like their prescription to be delivered by post**

For a one-off/urgent prescription (in comparison with 4% overall)	For a regular prescription (in comparison with 17% overall)
<ul style="list-style-type: none"> <li>Aged 16 to 54 (5%)</li> <li>Working full-time (5%)</li> <li>Living in the least deprived areas (7%)</li> <li>People who do not have a disability (5%)</li> </ul>	<ul style="list-style-type: none"> <li>Aged 16 to 54 (20%)</li> <li>Working full-time (22%)</li> <li>Living in the South East (21%) or South West (24%)</li> <li>People who are not disabled (18%)</li> </ul>

#### 4.7 Pharmacy performance on communicating when prescriptions are ready

Just under two-thirds of pharmacy users say that their regular pharmacy performs well at telling them when their prescription is ready (63%), with one-third (33%) saying it does not do this well.

**Figure 4.7: Q13. Thinking about the community pharmacy you contact or visit most regularly for a prescription that you or someone you care for (including any children you have) need regularly such as every month. How well does the pharmacy do at letting you know the medicine is ready?**



Base: All respondents living in England who have contacted or visited a pharmacy in the last year and claim to have a regular prescription (n=1,331). Survey conducted via Ipsos KnowledgePanel Fieldwork 20<sup>th</sup> -27<sup>th</sup> July 2022.

#### 4.8 Chapter summary

- The public identify pharmacies as the organisations they would be most likely to go to if they needed information and advice on medicines or information and advice on a minor condition such as a sore throat or earache.
- The services that pharmacy users have greatest awareness of are: providing medicines prescribed by a doctor or nurse; selling medicines like paracetamol or eye drops to treat minor illness; and providing advice about both medicines and about minor health problems.
- Advice about minor health problems and medicines are also the key services the public want to see pharmacies providing.
- In the past 12 months, pharmacies across England have been most used for collecting a prescription.

- In general, the public would pick up a prescription themselves in-person (for themselves or someone they care for), and this is in line with how they would prefer to receive prescribed medicine from community pharmacies, though there is some demand for pharmacy delivery services for routine prescriptions (either in person deliveries or by post).
- On the whole, pharmacy users say that their regular pharmacy performs well at telling them when their prescription is ready.

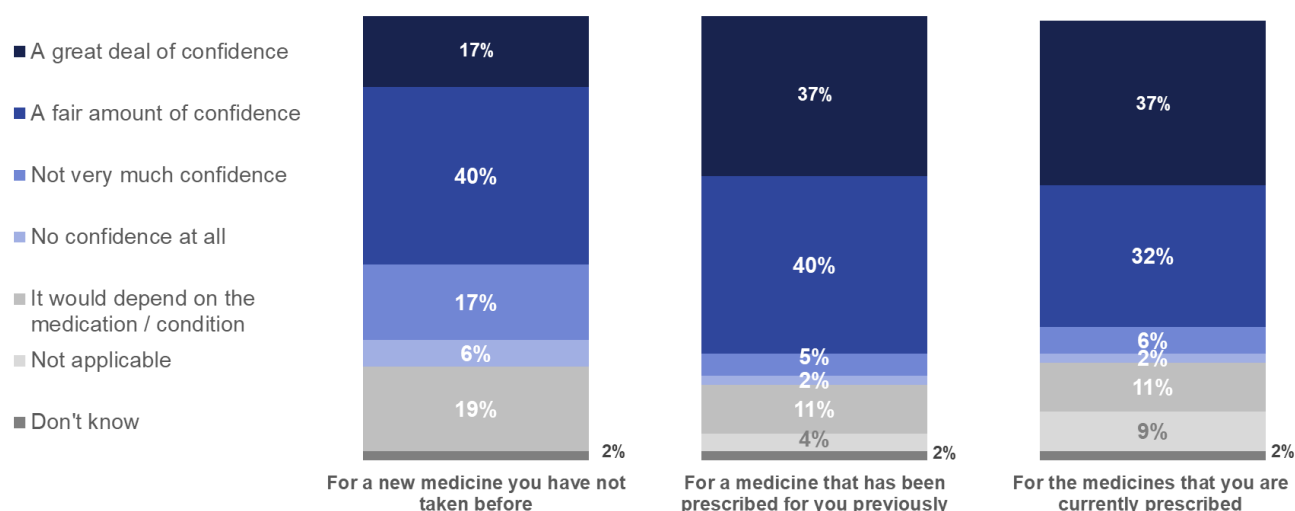
## 5. Confidence and satisfaction with community pharmacies

This chapter explores how confident the public would be in pharmacists to prescribe medication for them. It also looks at satisfaction with pharmacy services, including a number of aspects of services the last time they were used and ratings of the quality of advice provided.

### 5.1 Confidence in pharmacist prescribing medicine

The public would have confidence in a pharmacist to prescribe medication that has been prescribed for them previously (77%) and for medicines they are currently prescribed (70%). However, this level of confidence falls to 56% if the medication to be prescribed is something they have not taken before. Around one-quarter (23%) say they would not be confident in a pharmacist prescribing a new medicine they have not taken before, compared with 8% for medicine they are currently on and 7% for medication they have had previously. A further 19% say their confidence in a pharmacist prescribing a new medication would depend on the medication or condition.

**Figure 5.1: Q14. How much confidence, if any, would you have in a pharmacist prescribing medicines for you or someone you care for (including any children you have) in each of the following scenarios? This would mean the pharmacist prescribing medicine independently of a doctor or nurse.**



Base: All respondents living in England (n=2,067). Survey conducted via Ipsos KnowledgePanel Fieldwork 20<sup>th</sup> -27<sup>th</sup> July 2022.

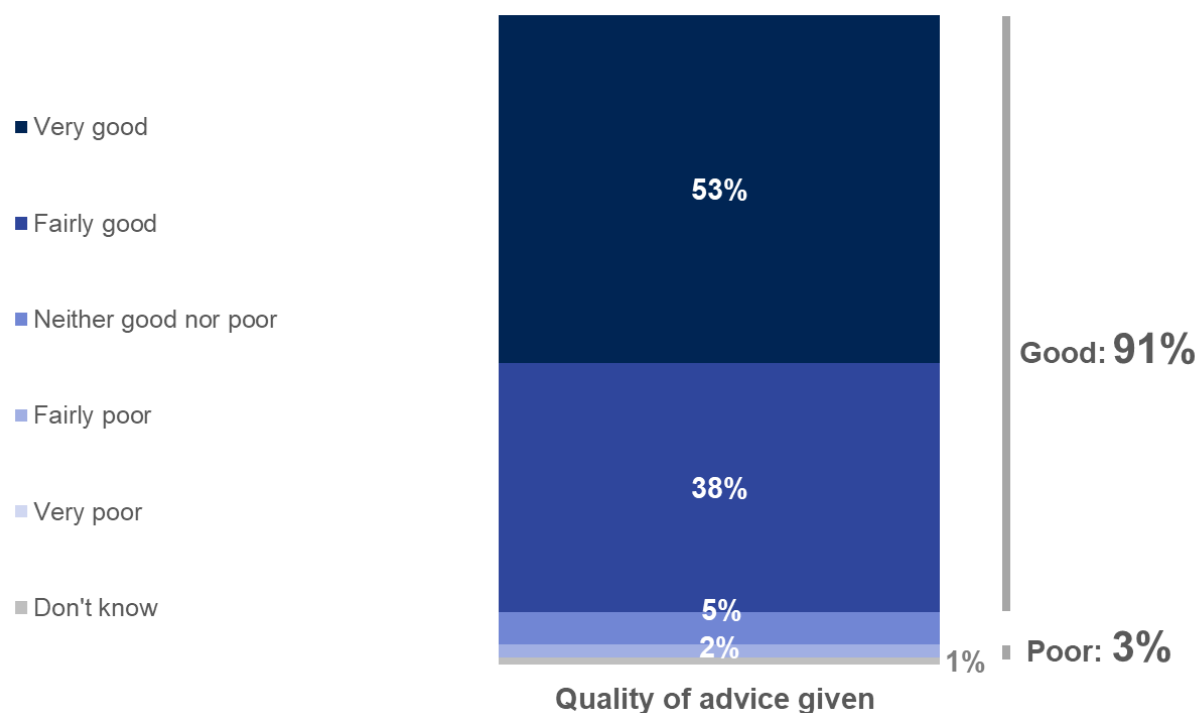
People aged 65 and over are less likely to be confident in a pharmacist prescribing them a new medication (49% would be confident, compared with 56% overall), though they are more likely to say it depends on the medication or condition, than that they do not have confidence (25% say it depends, compared with 19% overall). People who regularly use a supermarket pharmacy are much less confident in a pharmacist prescribing them a new medication (31%, compared with 23% overall), though those who use different pharmacies would be more confident than those who use the same pharmacy (63% compared with 56%).

### 5.2 Quality of advice at pharmacies

People in England who have used a pharmacy in the last year for advice about medicines, a health problem or injury, or what health service they should use, are overwhelmingly positive about the quality

of the advice they have received. Nearly all (91%) say the advice they received was good and just 3% that it was poor.

**Figure 5.2: Q16. You said that you have used a pharmacy in the last 12 months to get advice about medicines, a health problem or injury or what health service you should use. Overall, how good or poor would you say the quality of the advice was?**



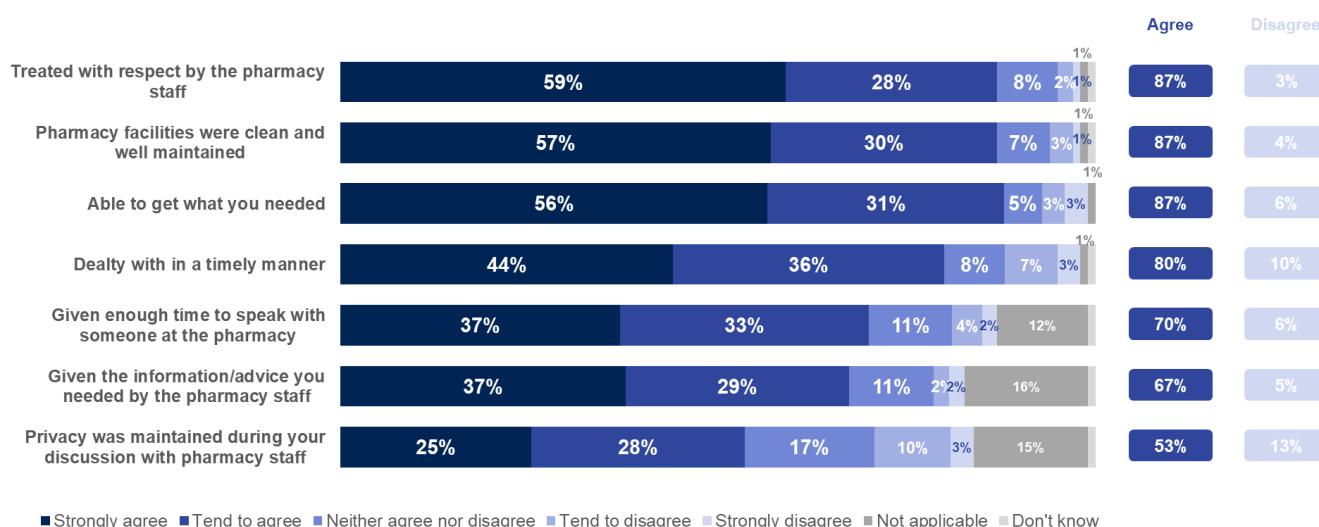
Base: All respondents living in England who have used a pharmacy to get advice on medicines/health problem or which health service to use in the past year (n= 503). Survey conducted via Ipsos KnowledgePanel Fieldwork 20<sup>th</sup> -27<sup>th</sup> July 2022.

The quality of advice is rated particularly highly by people who tend to use the same pharmacy (93% say it is good, compared with 85% of those who use different pharmacies) and those whose regular pharmacy is a small chain or independent pharmacy (95% say it is good, compared with 91% overall).

### 5.3 Satisfaction with pharmacists at last visit

Based on the last time they visited their community pharmacy the vast majority of people in England believe that they were treated with respect (87%), the facility was clean and well maintained (87%), they were able to get what they needed (87%) and were dealt with in a timely manner (80%). Fewer say that privacy was maintained during their discussion (53%), though still only 13% say it was not maintained – 15% say this was not applicable to them on their last visit.

**Figure 5.3: Q18. Thinking about the last time that you contacted or visited a pharmacy, either for yourself or someone you care for (including any children you have), to what extent do you agree or disagree with each of the following statements?**



Base: All respondents living in England who have contacted or visited a pharmacy in the last year (n=1,680). Survey conducted via Ipsos KnowledgePanel Fieldwork 20<sup>th</sup> -27<sup>th</sup> July 2022.

In general, younger pharmacy users aged 16 to 24 tend to be less satisfied with different aspects of care at the pharmacy on their last visit. However, they are rarely more dissatisfied, instead tending to say they 'don't know' or 'neither agree nor disagree'. These differences are most pronounced in terms of being treated with respect (65% of those aged 16 to 24 agree they were, compared with 87% overall), the facilities being clean and well maintained (73% of those aged 16 to 24 agree they were, compared with 87% overall) and being able to get what they need (72% of those aged 16 to 24 say they were, compared with 87% overall). However, please treat these results with caution as they are based on a small number of participants (60).

Pharmacy users from ethnic minority backgrounds are less positive about some aspects of care at the pharmacy, which may in part be related to their younger age profile. In particular:

- Being treated with respect (81% agree they were, compared with 88% of people from White ethnic backgrounds).
- Being able to get what they needed (78% agree they were, compared with 88% of people from White ethnic backgrounds).

The slightly higher disagreement with privacy being maintained during their last pharmacy visit is driven by those who use a large or medium sized chain pharmacy (18%) and those living in the least deprived areas (17% of those living in the two least deprived quintiles) (both compared with 13% overall).

## 5.4 Chapter summary

- The public would have confidence in a pharmacist to prescribe medication that has been prescribed for them previously and for medicines they are currently prescribed. They are less

confident about pharmacists prescribing medication they have not taken before, though this depends on the condition or medication to some extent.

- Where pharmacy users have received advice in community pharmacies, they are overwhelmingly positive about the quality of that advice.
- In addition, pharmacy users are positive about their last visit to a community pharmacy, particularly being treated with respect, the facility being clean and well maintained, and being able to get what they needed.

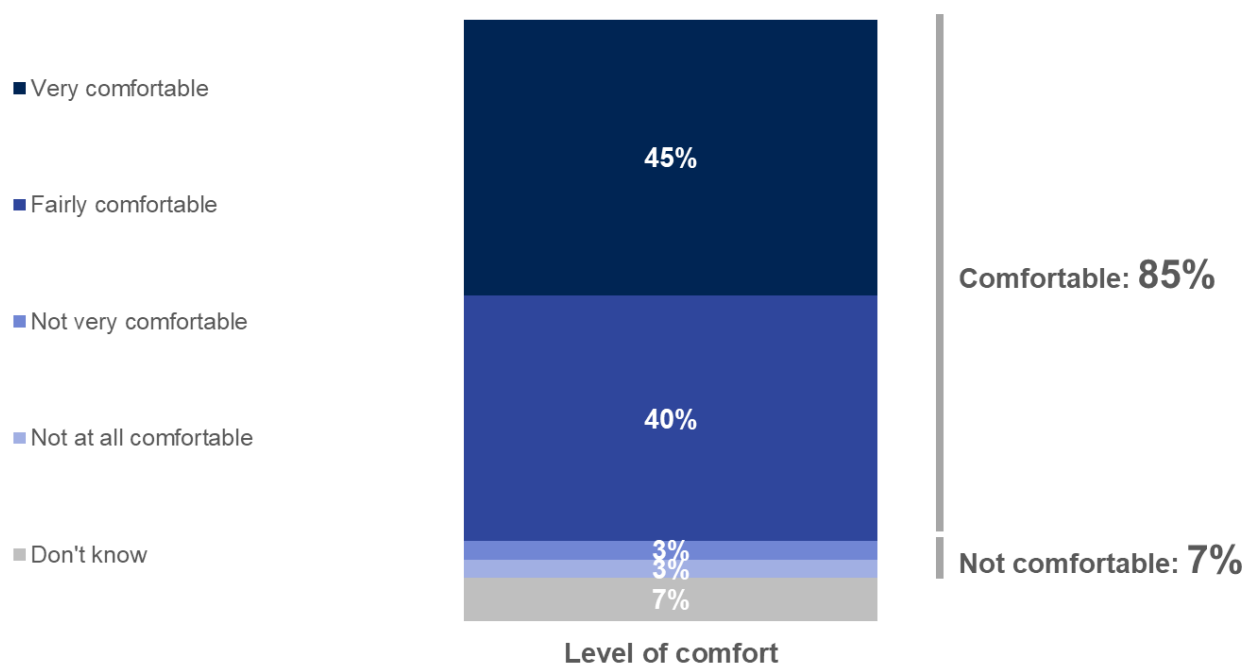
## 6. Level of comfort with new pharmacy services

This chapter explores how comfortable the public would be with community pharmacies providing a range of new services, including referrals from NHS services for support to stop smoking, referrals from GP practices to community pharmacies and preventative services to address obesity.

### 6.1 NHS referrals to community pharmacy smoking cessation services

The majority of current or former smokers would feel comfortable with being referred by an NHS service to a community pharmacy for regular support to stop smoking (85%), while only 7% say they would not feel comfortable with this.

**Figure 6.1: Q19. How comfortable, if at all, would you feel being referred by an NHS service to a community pharmacy for regular support to stop smoking?**



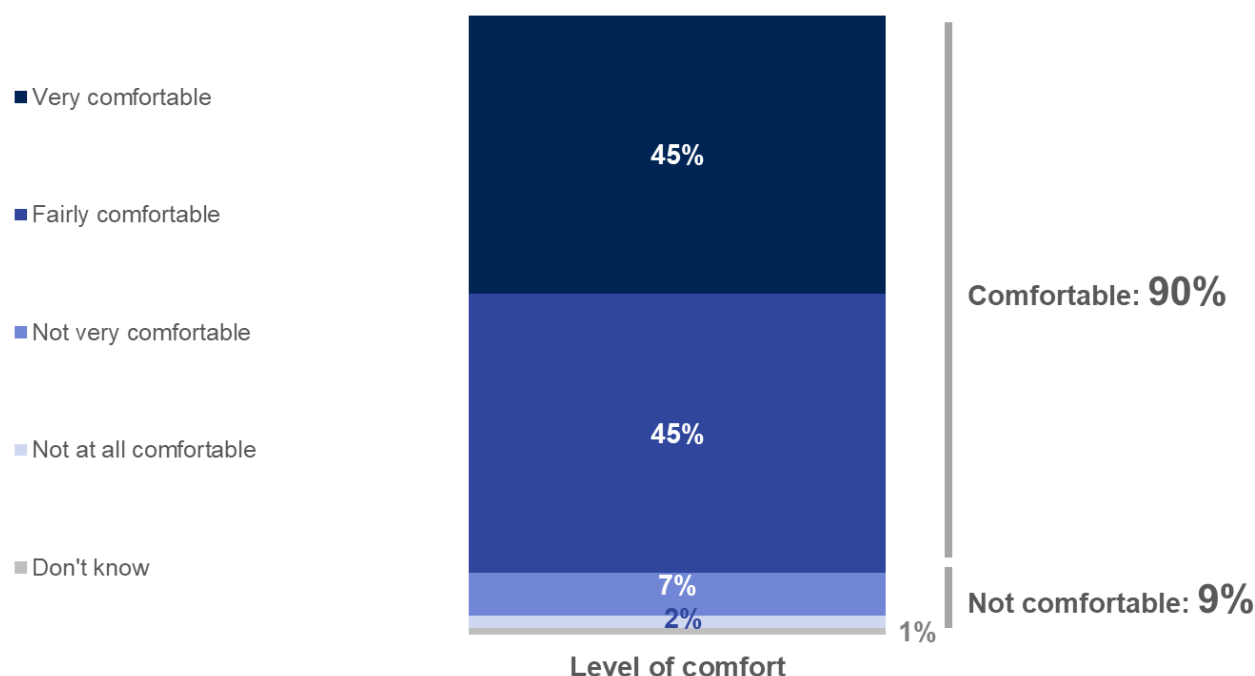
Base: All respondents living in England who are regular, occasional and former smokers (n=949). Survey conducted via Ipsos KnowledgePanel Fieldwork 20<sup>th</sup> -27<sup>th</sup> July 2022.

### 6.2 GP receptionist referrals to a pharmacist for minor illness

The majority of the public say they would feel comfortable seeing a community pharmacist for a minor illness such as an earache, having spoken to the GP receptionist, instead of organising an appointment with their GP (90% would feel comfortable). Just 9% say they would not be comfortable with this.



**Figure 6.2: Q20. Imagine you have an earache and you call your GP practice for an appointment. After you have spoken to the receptionist, they say you can see a community pharmacist instead and they organise an appointment for you on the same day. In this scenario...How comfortable, if at all, would you feel being referred to a community pharmacy to treat a minor illness such as an earache?**



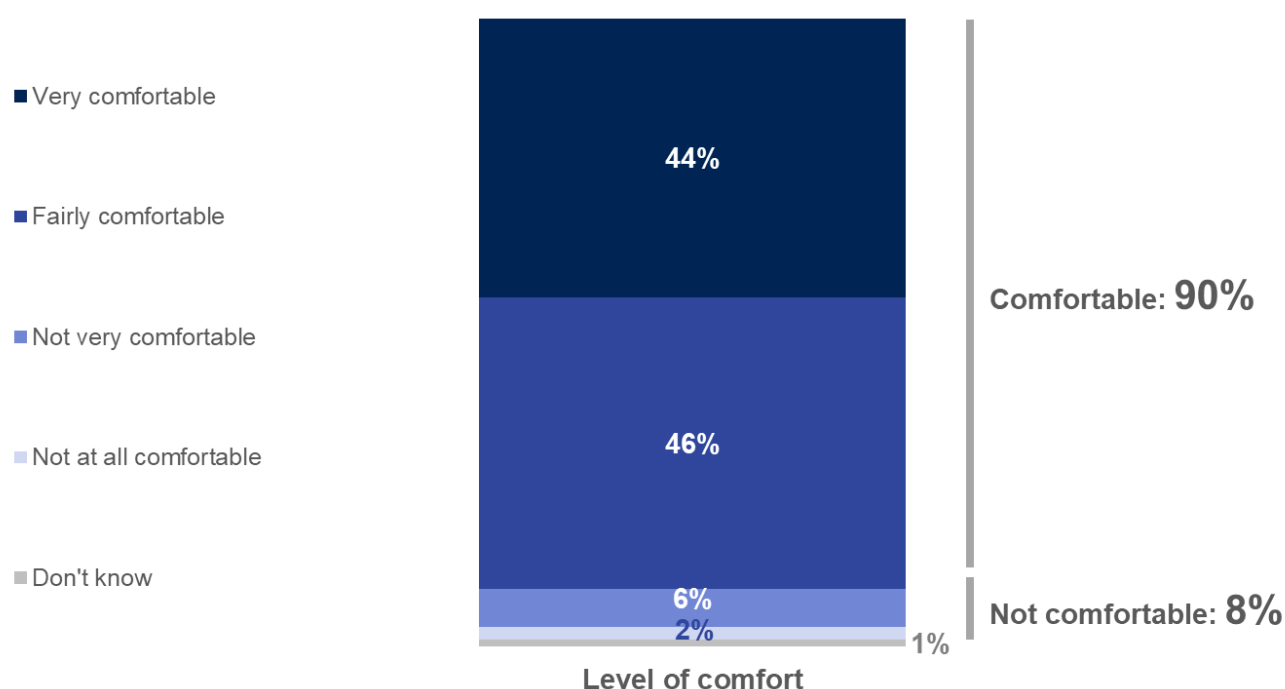
Base: All respondents living in England (n=2,067). Survey conducted via Ipsos KnowledgePanel Fieldwork 20<sup>th</sup> -27<sup>th</sup> July 2022.

Those who are more likely to have complex health needs tend to be more uncomfortable with the concept of a receptionist referring them to a community pharmacist. This includes people aged over 75 (17% would feel uncomfortable, compared with 9% overall) and those with a disability (13% would feel uncomfortable, compared with 8% of those who are not disabled).

### 6.3 Nurse or GP referrals to a pharmacist for minor illness

Nearly all of the public say they would be comfortable with being referred to a pharmacist for an appointment on the same day to discuss a minor illness following an online consultation with a nurse or GP (90%). Just 8% say they would not feel comfortable with this. This is in line with levels of comfort with being referred to a community pharmacist by a GP practice receptionist.

**Figure 6.3: Q21. Imagine you have an online or telephone consultation with your GP or practice nurse. After they have spoken to you, they say you can see a community pharmacist instead and they organise an appointment for you on the same day. In this scenario... How comfortable, if at all, would you feel being referred to a community pharmacy to treat a minor illness such as an earache?**



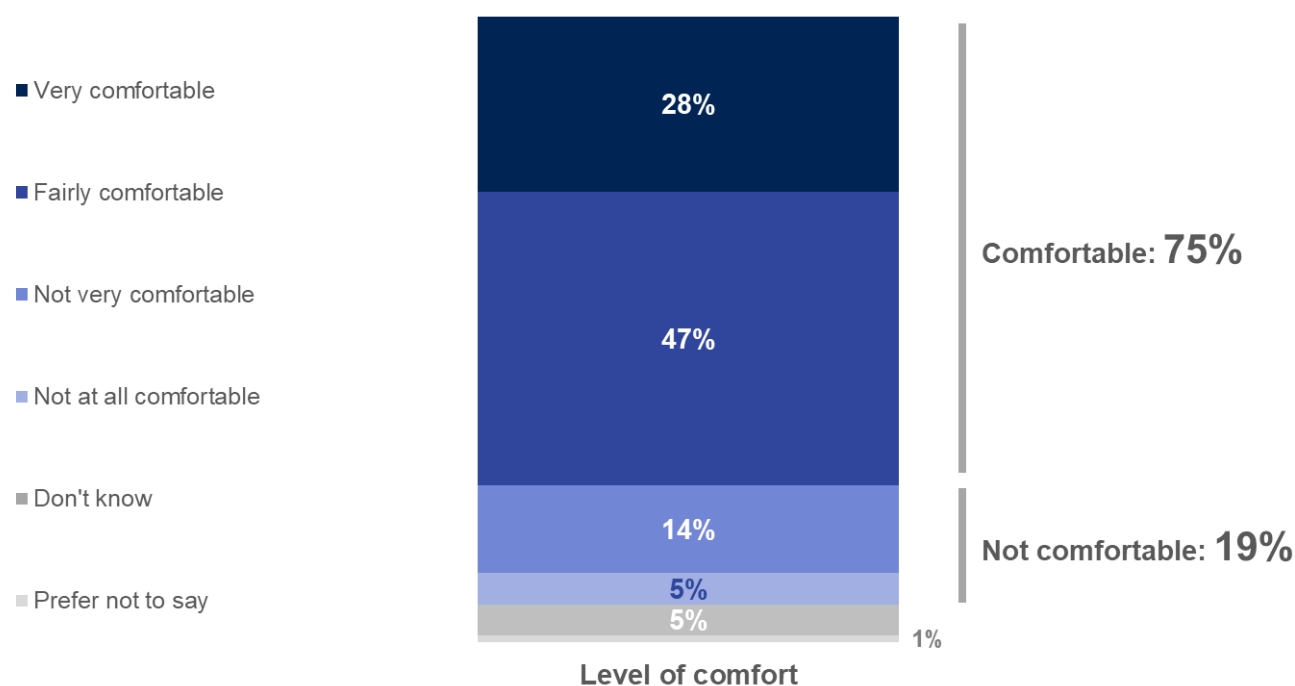
Base: All respondents living in England (n=2,067). Survey conducted via Ipsos KnowledgePanel Fieldwork 20<sup>th</sup> -27<sup>th</sup> July 2022.

Again, those aged 75 and over are less comfortable with the idea of being referred to a pharmacist by a GP or nurse for a minor condition (15% are uncomfortable, compared with 8% overall).

## 6.4 Support to lose weight

The public are a little less comfortable with community pharmacy staff supporting them to lose weight, if they wanted to lose weight – though still three-quarters say they would feel comfortable with this (75%). Around one in five (19%) say they would not feel comfortable with community pharmacy staff supporting them to lose weight.

**Figure 6.4: Q22. How comfortable, if at all, would you feel having support from a pharmacist or other person working in a community pharmacy to help you to lose weight, if you wanted to lose weight?**



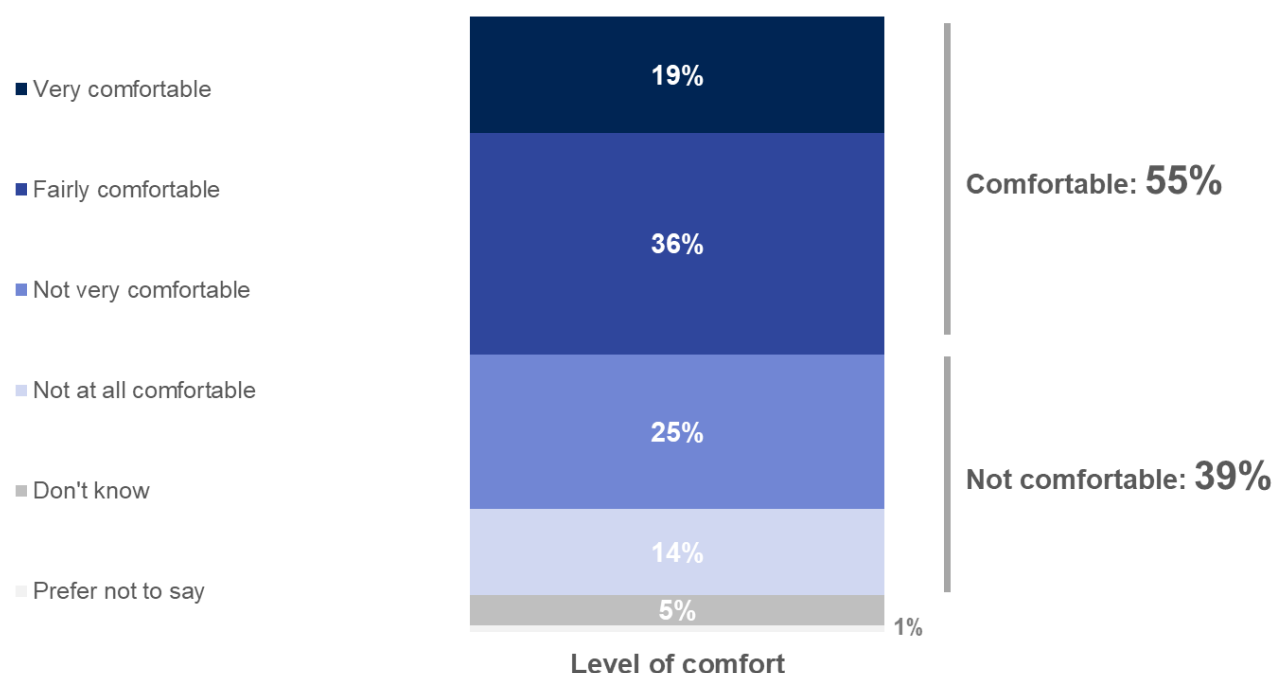
Base: All respondents living in England (n=2,067). Survey conducted via Ipsos KnowledgePanel Fieldwork 20<sup>th</sup> -27<sup>th</sup> July 2022.

People aged 75 and over are particularly likely to feel uncomfortable with this (26%, compared with 19% overall), as are people who are disabled (24%, compared with 17% of those who are not disabled).

## 6.5 Proactive approaches to supporting people to lose weight

The public are more divided in how comfortable they would feel about a more proactive approach by community pharmacy staff to suggesting a conversation about how to manage their weight. Just over half (55%) would feel comfortable with this, while 39% would not feel comfortable.

**Figure 6.5: Q23. And how comfortable, if at all, would you be with a pharmacist or other person working in a community pharmacy approaching you to suggest having a conversation about how to manage your weight if they think you might be overweight?**



Base: All respondents living in England (n=2,067). Survey conducted via Ipsos KnowledgePanel Fieldwork 20<sup>th</sup> -27<sup>th</sup> July 2022.

Groups who would feel less comfortable with this proactive approach by community pharmacy staff include:

- Women (48% would feel uncomfortable, compared with 30% of men).
- People who have a disability (47% would feel uncomfortable, compared with 37% of those who do not have a disability).

## 6.6 Chapter summary

- Overall, more than half of the public say they would feel comfortable with community pharmacies providing each of the new services asked about.
- They are particularly comfortable with referrals from GP practices to pharmacies (whether made by the GP receptionist or a GP/practice nurse) and referrals from other NHS services for regular support to stop smoking.
- The public are a little less comfortable with community pharmacy staff supporting them to lose weight, if they wanted to lose weight, though still a majority would feel comfortable. The public are more divided in how comfortable they would feel about a more proactive approach by community pharmacy staff to suggesting a conversation about how to manage their weight.

## 7. Conclusions

Pharmacy users are currently satisfied with pharmacy services, for example feeling like they were treated with respect and able to get what they needed the last time they used a pharmacy. Similarly, those who have received advice in a pharmacy are very positive about the quality of advice they received, again demonstrating broad satisfaction with pharmacy services.

This means there is a strong base from which to develop new pharmacy services and this is borne out by the research findings. For example, the public say they would feel confident in a pharmacist prescribing medications, and would be comfortable with community pharmacies providing all of the new services asked about (including referrals from NHS services for support to stop smoking, referrals from GP practices to community pharmacies and preventative services to address obesity).

However, pharmacies are associated and trusted with some services more than others. Alongside dispensing and selling medications, they are often seen as being there to provide advice and information about medications and minor health conditions. When selecting from a list of services that pharmacies do (or could) provide, advice about minor health problems and medicines are seen as a core service.

However, the public are less likely to think that pharmacists should be referring people to other health services or prescribing medicines independently of a doctor or nurse. Similarly, while the public would be comfortable with being referred by a GP practice to a pharmacy for a minor illness, they are a little less comfortable with community pharmacy staff supporting them to lose weight, if they wanted to lose weight (though still a majority would feel comfortable). This is particularly the case if pharmacy staff were proactively approaching people to offer support to lose weight, which a significant minority would not feel comfortable with.

This does not mean that the public think pharmacies should not provide these types of services. For example, the findings show the public would be confident in a pharmacist prescribing medications, particularly when they have had the medication before. However, these services are currently associated less with pharmacies. This may be expected for services that are newer: the public would naturally be less likely to associate them with pharmacies than the well-established functions that pharmacies already deliver. This means that there would be a benefit to raising awareness of the types of services that pharmacies can offer, and increasingly shifting perceptions of what community pharmacy can (safely) offer as new services are introduced. In order to shift perceptions of what pharmacies can offer, communications can build on the positive perceptions that the public already holds towards pharmacies.

This is particularly the case for certain groups of the public. For example, older people are currently heavier users of pharmacies for advice about minor health problems, and are more likely to think they should provide advice about medicines and minor health problems. However, they are less likely to think that community pharmacies should provide other services such as prescribing medicines independently of a doctor or nurse or providing advice on weight management and healthy eating. Therefore, they could be a target group for communicating about the new services that pharmacies are offering, and building confidence in those services.

## 8. Our standards and accreditations

Ipsos' standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a "right first time" approach throughout our organisation.



### ISO 20252

This is the international market research specific standard that supersedes BS 7911/MRQSA and incorporates IQCS (Interviewer Quality Control Scheme). It covers the five stages of a Market Research project. Ipsos was the first company in the world to gain this accreditation.



### Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos endorses and supports the core MRS brand values of professionalism, research excellence and business effectiveness, and commits to comply with the MRS Code of Conduct throughout the organisation. We were the first company to sign up to the requirements and self-regulation of the MRS Code. More than 350 companies have followed our lead.



### ISO 9001

This is the international general company standard with a focus on continual improvement through quality management systems. In 1994, we became one of the early adopters of the ISO 9001 business standard.



### ISO 27001

This is the international standard for information security, designed to ensure the selection of adequate and proportionate security controls. Ipsos was the first research company in the UK to be awarded this in August 2008.



### The UK General Data Protection Regulation (GDPR) and the UK Data Protection Act (DPA) 2018

Ipsos is required to comply with the UK GDPR and the UK DPA. It covers the processing of personal data and the protection of privacy.



### HMG Cyber Essentials

This is a government-backed scheme and a key deliverable of the UK's National Cyber Security Programme. Ipsos was assessment-validated for Cyber Essentials certification in 2016. Cyber Essentials defines a set of controls which, when properly implemented, provide organisations with basic protection from the most prevalent forms of threat coming from the internet.



### Fair Data

Ipsos is signed up as a "Fair Data" company, agreeing to adhere to 10 core principles. The principles support and complement other standards such as ISOs, and the requirements of Data Protection legislation.

## 9. Appendix

Below is a copy of the questionnaire asked.

### Public Perceptions of Pharmacy – Questionnaire

#### MODULE INTRO TEXT

These questions are about where you might go to access health services and for health information and advice. We are asking the questions on behalf of NHS England & NHS Improvement (NHSEI) and your responses will be shared with NHSEI (including ethnicity).

ASK ALL  
SINGLE CODE

Q1

**Which of the following best describes your smoking habits?**

Please select one option only

REVERSE SCALE FOR HALF OF RESPONDENTS

1. Never smoked
2. Former smoker
3. Occasional smoker
4. Regular smoker

999. Prefer not to say [FIX]

ASK ALL  
MULTI CODE FOR EACH STATEMENT A-G

Q2.

**Who or which organisation, if any, would you go to you wished to...?**

Please select all that apply

RANDOMISE STATEMENTS A-I,

- A. Get a flu vaccine
- B. Get a covid vaccine
- C. Get information and advice on medicines
- D. Get information and advice about a minor condition such as a sore throat or earache
- E. Get information or advice about a long-term condition
- F. Get your blood pressure checked

ASK ALL CURRENT, OCCASIONAL AND FORMER SMOKERS (CODES 2-4 AT Q1)

- G. Get information and support to stop smoking

ASK FEMALES ONLY AGED 18-55 ONLY.

- H. Get information and advice about contraception

ASK FEMALES ONLY AGED 40+ ONLY.

- I. Get information and advice about the menopause

RANDOMISE OPTIONS 1-13 THOUGH 6 AND 7 ALWAYS SHOWN TOGETHER IN THAT ORDER

1. Your GP practice
2. Pharmacy
3. NHS walk-in centre
4. Sexual health or contraception service SHOW FOR STATEMENT H AND I ONLY
5. NHS 111 (telephone or online)
6. NHS website SHOW FOR STATEMENTS C,D,E,G,H AND I ONLY
7. Other internet source (not the NHS website) SHOW FOR STATEMENTS C,D,E,G,H AND I ONLY  
[ALWAYS FOLLOW CODE 6]
8. Friends/family SHOW FOR STATEMENTS C,D,E,G,H AND I ONLY
9. A&E
10. Hospital
11. Through work/employer
12. Would do it myself SHOW FOR STATEMENT G ONLY EXCLUSIVE

13. Vaccination centre **SHOW FOR STATEMENT B ONLY**

14. Other healthcare professional **[FIX]**

15. Other (please specify) **[FIX]**

16. Nobody / I would not look for information about this issue / This is not relevant to me **[FIX, EXCLUSIVE]**

998. Don't know **[FIX, EXCLUSIVE]**

## NEW SCREEN

We would now like to ask you some questions about the services that community pharmacies offer and what you use your community pharmacy for. To clarify, a community pharmacy may include independent chemists, high street pharmacy chains, or a pharmacy located in a supermarket.

## ASK ALL SINGLE CODE

**Q3.**

**Approximately how often, if at all, have you contacted or visited a community pharmacy in the last year, either for yourself or someone you care for (including any children you have)?**

Please select one option only

**REVERSE SCALE 1-4 FOR HALF OF RESPONDENTS.**

1. At least a few times a month
2. Once a month
3. Every 2-3 months
4. Once or twice in the last year
5. I do not normally contact or visit a community pharmacy **[FIX]**

998. Don't know **[FIX]**



ASK ALL  
MULTI CODE

**Q4.**

**How [THOSE WHO HAVE CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR (CODES 1-4 AT Q3) do]/[THOSE WHO HAVE NOT CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR (CODE 5 OR 6 AT Q3) would] you choose which community pharmacy to use?**

Please select all that apply

RANDOMISE OPTIONS 1-10

1. It is located near my home
2. It is located near my children's nursery or school
3. It is located near my workplace
4. It is at the same place as my GP practice
5. The opening hours work for me
6. Knowledgeable staff
7. Good and reliable advice
8. They offer a telephone or online service
9. I have an existing relationship with the staff working in the pharmacy
10. The staff understand my community/culture/language
11. Other (please specify) [FIX](#)

998. Don't know [\[FIX, EXCLUSIVE\]](#)

ASK ALL  
MULTICODE UP TO 3.

**Q5.**

**Thinking specifically about how convenient community pharmacies are for you to use, which two or three of the following are most important to you, if any?**

Please select up to three answers

RANDOMISE CODES 1-10.

1. The opening hours being outside my usual working hours
2. Good parking
3. Having seating while waiting for a prescription and/or advice
4. Step-free access
5. Convenient location
6. Speed of service
7. Knowing my prescription is ready to collect in advance
8. Not needing to make an appointment
9. Knowing I can contact them by telephone
10. Knowing they will deliver my prescription
11. Other (please specify) [FIX](#)
12. None of these [\[FIX, EXCLUSIVE\]](#)

998. Don't know [\[FIX, EXCLUSIVE\]](#)

ASK ALL WHO HAVE CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR (CODES 1-4 AT Q3)

SINGLE CODE

**Q6.**

**Do you tend to use one community pharmacy, or do you use different community pharmacies?**

Please select one option only

RANDOMISE CODES 1-2.

1. One pharmacy
2. Different pharmacies

998. Don't know [\[FIX, EXCLUSIVE\]](#)

ASK ALL WHO HAVE CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR (CODES 1-4 AT Q3)

MULTICODE

**Q7.**

**Thinking about the community pharmacy you contact or visit most regularly either for yourself or someone you care for (including any children you have), which of the following, if any, best describes the community pharmacy?**

Please select all that apply

**RANDOMISE CODES 1-5.**

1. A large or medium sized chain pharmacy (e.g. Boots, Lloyds, Well, Rowlands etc. or other large or medium sized chain)
2. A small chain or independent pharmacy (i.e. 5 or fewer pharmacies in the chain)
3. Attached to a GP practice
4. In a supermarket
5. An online pharmacy

998. Don't know **[FIX, EXCLUSIVE]**

ASK ALL WHO HAVE CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR (CODES 1-4 AT Q3) AND WHO DO NOT USE AN ONLINE PHARMACY (CODE 1-4 OR DON'T KNOW AT Q7)  
MULTI CODE.

**Q8.**

**Still thinking about the community pharmacy you contact or visit most regularly, how do you tend to get to that pharmacy at the moment?**

Please select all that apply

RANDOMISE CODES 1-6.

1. Walk
2. Cycle
3. By car
4. Using public transport
5. Someone else goes to the pharmacy for me
6. Contact them online or by telephone

998. Don't know [FIX, EXCLUSIVE]

ASK ALL WHO HAVE CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR (CODES 1-4 AT Q3)  
MULTI CODE.

**Q9. Thinking about the regular community pharmacy that you use, either for yourself or someone you care for (including any children you have), which of the following services do you think they currently offer, if any?**

Please select all that apply

RANDOMISE CODES 1-16 THOUGH 6 ALWAYS TO FOLLOW 5 AND 10 ALWAYS TO FOLLOW 8 AND 9.

1. Selling medicines like paracetamol or eye drops to treat minor illness
2. Advice about medicines (prescribed medicines and medicines you can buy)
3. Information on which health services you should go to for a health problem
4. Advice about minor health problems
5. Providing medicines your doctor or nurse has prescribed
6. Prescribe medicines independently of a doctor or nurse [ALWAYS FOLLOWS CODE 5]
7. Providing travel vaccinations
8. Providing flu vaccinations
9. Providing covid vaccinations
10. Providing other NHS vaccinations [ALWAYS FOLLOW CODE 8 AND 9]
11. Checking blood pressure
12. Helping people to stop smoking
13. Advice on weight management and healthy eating
14. Providing oral contraception (such as the pill or morning after pill)
15. Providing advice about the menopause and selling over the counter medicines to treat symptoms
16. Advice on which health service to use
17. Refer people to other health services (such as a referral to see a consultant at the hospital)
18. Monitor your medication or other support if you have a long-term health condition
19. Other (please specify) FIX
20. None of these [FIX, EXCLUSIVE]

998. Don't know [FIX, EXCLUSIVE]

ASK ALL  
MULTI CODE.

**Q10.**

**And regardless of what services you think community pharmacies currently offer, which of the following services, if any, do you think community pharmacies should offer?**

Please select all that apply

RANDOMISE CODES 1-13 THOUGH 10 ALWAYS TO FOLLOW 8 AND 9.

1. Advice about medicines (prescribed medicines and medicines you can buy)
2. Information on which health services you should go to for a health problem
3. Prescribe medicines independently of a doctor or nurse
4. Advice about minor health problems
5. Providing travel vaccinations
6. Providing flu vaccinations
7. Providing covid vaccinations

8. Providing other NHS vaccinations
  9. Checking blood pressure
  10. Helping people to stop smoking [ALWAYS FOLLOW CODE 8 AND 9]
  11. Advice on weight management and healthy eating
  12. Providing oral contraception (such as the pill or morning after pill)
  13. Advice and treatment of menopause symptoms
  14. Refer people to other health services (such as a referral to see a consultant at the hospital)
  15. Monitor your medication or other support if you have a long-term health condition
  16. Other (please specify) FIX
  17. None of these [FIX, EXCLUSIVE]
998. Don't know [FIX, EXCLUSIVE]

ASK ALL

SINGLE CODE PER STATEMENT A-B

Q11.

**If you needed to pick up or receive prescribed medicine from a community pharmacy either for yourself or someone you care for (including any children you have), how would you currently do this in each of the following scenarios?**

Please select one option only

RANDOMISE STATEMENTS A AND B.

- A. For a one-off prescription that you/they need urgently
- B. For a prescription that you/they need regularly, such as every month

RANDOMISE CODES 1-4.

- 1. Pick it up yourself in person
- 2. Someone would pick it up in person for you
- 3. It would be delivered by a person from a community pharmacy
- 4. It would be delivered via the post
- 5. I do not need a regular prescription and do not care for someone who needs a regular prescription [\[SHOW FOR STATEMENT B ONLY\]](#) [\[FIX\]](#)

998. Don't know [\[FIX\]](#)

ASK ALL

SINGLE CODE PER STATEMENT A-B

Q12.

**And how would you like to pick up or receive prescribed medicine from a community pharmacy, if you or someone you care for (including any children you have) needed it in each of the following scenarios?**

Please select one option only

RANDOMISE STATEMENTS A AND B.

- A. For a one-off prescription that you/they need urgently
- B. For a prescription that you/they need regularly, such as every month

RANDOMISE CODES 1-4.

- 1. Pick it up yourself in person
- 2. Someone to pick it up in person for you
- 3. Delivered by a person from a community pharmacy
- 4. Delivered via the post

998. Don't know [\[FIX, EXCLUSIVE\]](#)

ASK ALL WHO HAVE CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR (CODES 1-4 AT Q3)

SINGLE CODE.

Q13.

**Thinking about the community pharmacy you contact or visit most regularly for a prescription that you or someone you care for (including any children you have) need regularly such as every month. How well does the pharmacy do at letting you know the medicine is ready?**

Please select one option only

REVERSE SCALE 1-4 FOR HALF OF RESPONDENTS

1. Very well
2. Fairly well
3. Not very well
4. Not at all well
5. Not applicable – I don't have a regular/repeat prescription and don't care for someone who has a regular/repeat prescription [FIX]

998. Don't know [FIX]

ASK ALL

SINGLE CODE PER STATEMENT A-C

Q14.

**How much confidence, if any, would you have in a pharmacist prescribing medicines for you or someone you care for (including any children you have) in each of the following scenarios? This would mean the pharmacist prescribing medicine independently of a doctor or nurse.**

Please select one option only

RANDOMISE STATEMENTS A-C.

- A. For a new medicine you have not taken before
- B. For a medicine that has been prescribed for you previously
- C. For the medicines that you are currently prescribed

REVERSE SCALE 1-4 FOR HALF OF RESPONDENTS

1. A great deal of confidence
2. A fair amount of confidence
3. Not very much confidence
4. No confidence at all
5. It would depend on the medication/condition [FIX]
6. Not applicable [FOR STATEMENTS B AND C ONLY] [FIX]

998. Don't know [FIX, EXCLUSIVE]

ASK ALL WHO HAVE CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR (CODES 1-4 AT Q3)

MULTI CODE.

Q15.

Thinking about the past 12 months, which of these things did you contact or visit the pharmacy for, either for yourself or someone you care for (including any children you have)?

Please select all that apply

RANDOMISE CODES 1-17 THOUGH 2 TO ALWAYS FOLLOW 1.

1. To get a prescription filled/pick up a prescription
2. To get a medicine prescribed independently of a doctor or nurse [ALWAYS FOLLOWS CODE 1]
3. To buy medicine like paracetamol or eye drops
4. To buy plasters or other dressings or bandages
5. To pick up COVID-19 lateral flow tests
6. To buy non-medical items like tissues, food and drink [IF THIS IS THE ONLY CODE SELECTED GO TO Q19]
7. To get advice about medicines (prescribed medicines and medicines you can buy)
8. To get advice about a health problem or injury
9. To ask for advice about what health service you should use
10. To ask for advice and support to stop smoking [ASK ALL CURRENT, OCCASIONAL AND FORMER SMOKERS ONLY (CODES 2-4 AT Q1)]
11. To have your blood pressure checked
12. For a flu vaccine
13. For a covid vaccine
14. To get advice on weight management and healthy eating
15. To get contraceptives which do not need a prescription (e.g. morning after pill or condoms)
16. To get advice and treatment for symptoms of the menopause SCRIPTER: FOR WOMEN ONLY
17. Refer you to another health service (such as a referral to see a consultant at the hospital)
18. Monitor your medication or other support for a long-term health condition
19. To dispose of out of date medicines
20. Anything else (please specify) [FIX]
21. None of these [FIX, EXCLUSIVE] [IF SELECTED, ROUTE TO Q18]
22. 998. Don't know [FIX, EXCLUSIVE] [IF SELECTED, ROUTE TO Q18]

ASK ALL WHO USED A PHARMACY TO GET ADVICE ON MEDICINES/HEALTH PROBLEM/ADVICE ON HEALTH SERVICE TO USE IN THE PAST YEAR (CODE 6,7,8 AT Q15)  
SINGLE CODE.

**Q16.**

**You said that you have used a pharmacy in the last 12 months to get advice about medicines, a health problem or injury or what health service you should use. Overall, how good or poor would you say the quality of the advice was?**

Please select one option only

REVERSE SCALE 1-5 FOR HALF OF RESPONDENTS

1. Very good
2. Fairly good
3. Neither good nor poor
4. Fairly poor
5. Very poor

998. Don't know [FIX]

ASK ALL WHO HAVE CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR (CODES 1-4 AT Q3)

MULTI CODE

**Q17.**

**And thinking about the last time you contacted or visited a community pharmacy, either for yourself or someone you care for (including any children you have), what did you contact or visit the pharmacy for?**

Please select all that apply

ONLY SHOW CODES SELECTED AT Q15. RANDOMISE ORDER CODES 1-19 THOUGH 2 TO ALWAYS FOLLOW 1.

1. To get a prescription filled/pick up a prescription
2. To get a medicine prescribed independently of a doctor or nurse
3. To buy medicine like paracetamol or eye drops
4. To buy plasters or other dressings or bandages
5. To pick up COVID-19 lateral flow tests
6. To buy non-medical items like tissues, food and drink **SCRIPTER: IF THIS IS THE ONLY CODE SELECTED AT Q17 GO TO Q19**
7. To get advice about medicines (prescribed medicines and medicines you can buy)
8. To get advice about a health problem or injury
9. To ask for advice about what health service you should use
10. To ask for advice and support to stop smoking
11. To have your blood pressure checked
12. For a flu vaccine
13. For a covid vaccine
14. To get advice on weight management and healthy eating
15. To get contraceptives which do not need a prescription (e.g. morning after pill or condoms)
16. To get advice and treatment for symptoms of the menopause **SCRIPTER: FOR WOMEN ONLY**
17. Refer you to another health service (such as a referral to see a consultant at the hospital)
18. Monitor your medication or other support for a long-term health condition
19. To dispose of out of date medicines
20. Anything else (please specify) [FIX]
21. None of these [FIX, EXCLUSIVE]

998. Don't know [FIX, EXCLUSIVE]

### **SATISFACTION WITH PHARMACY SERVICES**

ASK ALL WHO HAVE CONTACTED OR VISITED A COMMUNITY PHARMACY IN THE LAST YEAR (CODES 1-4 AT Q3)

SINGLE CODE PER STATEMENT A-G

**Q18.**

**Thinking about the last time that you contacted or visited a pharmacy, either for yourself or someone you care for (including any children you have), to what extent do you agree or disagree with each of the following statements?**

Please select one option only

RANDOMISE STATEMENTS 1-7.



- A. You were given the information or advice you needed by the pharmacy staff
- B. Your privacy was maintained during your discussion with pharmacy staff
- C. You were given enough time to speak with someone at the pharmacy
- D. You were treated with respect by the pharmacy staff
- E. The pharmacy facilities were clean and well maintained
- F. You were able to get what you needed
- G. You were dealt with in a timely manner

#### REVERSE SCALE 1-6 FOR HALF OF RESPONDENTS

- 1. Strongly agree
- 2. Tend to agree
- 3. Neither agree nor disagree
- 4. Tend to disagree
- 5. Strongly disagree
- 6. Not applicable [FIX]

998. Don't know [FIX]

#### NEXT SCREEN

Community pharmacists are experts in medicine and offer advice about health conditions. They can work in hospitals or as part of other healthcare teams.

Each community pharmacy has a qualified pharmacist. However, the person you speak to at the counter may not be a pharmacist; they may be a pharmacy technician or other member of staff who help the pharmacist with their work. Community pharmacies in England offer a wide range of services to the public. This can include managing and providing advice about medicines, flu vaccination and contraception services.

The NHS is now piloting new services which pharmacies could provide in the future.

We would like to ask you how you would feel about these new services. Some of these questions may be sensitive and you do not have to provide an answer if you don't want to.

SCRIPTER PLEASE ROTATE THE ORDER SERVICES ARE PRESENTED TO PARTICIPANTS (Q19, Q20/21, Q22/23)

#### NEXT SCREEN

#### ASK REGULAR, OCCASIONAL AND FORMER SMOKERS ONLY (Q1 CODES 2-4) SINGLE CODE.

**Imagine you have used an NHS service and the healthcare professional refers you to a community pharmacy of your choice, for regular support to help you stop smoking.**

**Q19. How comfortable, if at all, would you feel being referred by an NHS service to a community pharmacy for regular support to stop smoking?**

Please select one option only

#### REVERSE SCALE 1-4 FOR HALF OF RESPONDENTS

- 1. Very comfortable
- 2. Fairly comfortable
- 3. Not very comfortable
- 4. Not at all comfortable

998. Don't know [FIX]

999. Prefer not to say [FIX]

#### NEXT SCREEN

#### ASK ALL

SCRIPTER: HALF OF SAMPLE TO BE ASKED Q20 FIRST THEN Q21, HALF TO BE ASKED Q21 FIRST THEN Q20

#### SINGLE CODE.

#### Q20.

**Imagine you have an earache and you call your GP practice for an appointment. After you have spoken to the receptionist, they say you can see a community pharmacist instead and they organise an appointment for you on the same day. In this scenario...**

**How comfortable, if at all, would you feel being referred to a community pharmacy to treat a minor illness such as an earache?**

Please select one option only

#### REVERSE SCALE 1-4 FOR HALF OF RESPONDENTS

- 1. Very comfortable
- 2. Fairly comfortable

3. Not very comfortable
4. Not at all comfortable

998. Don't know [FIX]

999. Prefer not to say [FIX]

**Q21.**

**Imagine you have an online or telephone consultation with your GP or practice nurse. After they have spoken to you, they say you can see a community pharmacist instead and they organise an appointment for you on the same day. In this scenario...**

**How comfortable, if at all, would you feel being referred to a community pharmacy to treat a minor illness such as an earache?**

Please select one option only

REVERSE SCALE 1-4 FOR HALF OF RESPONDENTS

1. Very comfortable
2. Fairly comfortable
3. Not very comfortable
4. Not at all comfortable

998. Don't know [FIX, EXCLUSIVE]

999. Prefer not to say [FIX]

NEXT SCREEN

Imagine you visit your local community pharmacy, and you notice a poster that the pharmacy staff can support you to lose weight. This would not necessarily be done by the pharmacist but could be another member of staff.

NEXT SCREEN

SCRIPTER: HALF OF SAMPLE TO BE ASKED Q22 FIRST THEN Q23, HALF TO BE ASKED Q23 FIRST THEN Q22

ASK ALL

SINGLE CODE.

**Q22. How comfortable, if at all, would you feel having support from a pharmacist or other person working in a community pharmacy to help you to lose weight, if you wanted to lose weight?**

Please select one option only

REVERSE SCALE 1-4 FOR HALF OF RESPONDENTS

1. Very comfortable
2. Fairly comfortable
3. Not very comfortable
4. Not at all comfortable

998. Don't know [FIX, EXCLUSIVE]

999. Prefer not to say [FIX, EXCLUSIVE]

ASK ALL

SINGLE CODE.

**Q23. And how comfortable, if at all, would you be with a pharmacist or other person working in a community pharmacy approaching you to suggest having a conversation about how to manage your weight if they think you might be overweight?**

Please select one option only

REVERSE SCALE 1-4 FOR HALF OF RESPONDENTS

1. Very comfortable
2. Fairly comfortable
3. Not very comfortable
4. Not at all comfortable

998. Don't know [FIX, EXCLUSIVE]

999. Prefer not to say [FIX, EXCLUSIVE]

# For more information

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## About Ipsos Public Affairs

Ipsos Public Affairs works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. Combined with our methods and communications expertise, this helps ensure that our research makes a difference for decision makers and communities.

