



# Local pharmacies

People's experiences of using services in Dorset

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April 2025

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# About us

Healthwatch Dorset is your health and social care champion.

We listen to your experiences of using local health and care services and hear about the issues that really matter to you. We are independent and impartial, and your feedback is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

As an independent statutory body, we have with the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared.

Healthwatch Dorset is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Dorset, which includes the unitary authority areas of Bournemouth, Christchurch and Poole (BCP) and Dorset.



## Introduction

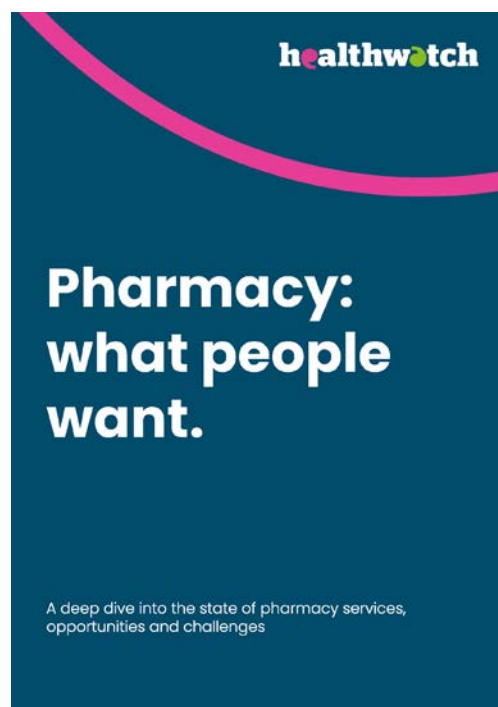
### Background

In November 2023 Healthwatch England asked 1,650 people from around the country to share their [experiences of pharmacy services](#) in England. The findings showed that while people really value community pharmacies, medicines shortages and pharmacy closures, both permanent and temporary around the country, continue to affect people's access. The main reason for temporary pharmacy closures across England is a lack of available staff. Higher rates of both permanent and temporary closure were recorded in areas that were rural, had older populations, and had fewer GPs per head. It was also clear that there's a lack of public awareness of the services pharmacies offer through the Pharmacy First initiative.

### What we wanted to find out

Locally we were hearing from people facing issues with medicine shortages and with pharmacy closures and we wanted to find out more about people's experience of Pharmacy First.

Also, the next publication of the Dorset Pharmaceutical Needs Assessment (PNA) is due before October 2025. The PNA supports commissioning decisions based on patient needs and we wanted to help inform that process by gathering people's views.



# What we did

We worked with Public Health Dorset and NHS Dorset to design a local survey which could also provide patient feedback for the local PNA.

Our survey was based on questions used by Healthwatch Nottingham & Nottinghamshire, Healthwatch Gloucestershire and informed by the Healthwatch England survey.

We worked with Public Health, NHS Dorset, the GP Alliance and Community Pharmacy Dorset to promote our survey via their websites, social media and with displayed posters. We also promoted the survey by Facebook adverts, our social media, E-bulletin, press releases, radio interviews and through our voluntary and community sector contacts.

Our survey was launched at the end of September 2024 and ran for a month until the end of October. We had a total of 907 responses. To gather specific case studies for this report we spoke to our volunteers, plus local voluntary and community sector organisations.

## Key messages


- People told us they find their local pharmacy easy to access when it's within walking distance or has parking, has friendly staff and when its opening hours suit them.
- Pharmacy closures and reduced hours are having a significant impact on access for people in more rural areas.
- 29% of people who took part in our survey use an online pharmacy and the feedback was mostly positive.
- 39% of people told us they'd had problems getting their medication. Medication shortages have left people feeling helpless, frustrated and at potential risk of harm.
- 7% who have a disability are not getting the reasonable adjustments that would help them.
- Most people we spoke to get free prescriptions but 3% (26 people) told us they either delay getting their medicine because of cost or can only afford medicines for some of their family members.
- 63% of people who took part in our survey had not heard of Pharmacy First.


## What people told us


### Survey results

#### Online pharmacies

29% of people who responded to our survey use an online pharmacy, with mostly positive feedback.

 I find online easier for availability. At my local pharmacy they do not always have the medication in stock which means I have to wait and make a second journey to collect it.

 Online is convenient as it just delivers, if it's not mucked up. The local one has to be accessed by asking someone else, as I live in a village and don't drive. There is always a huge queue.



## Pharmacy access

People told us they find their local pharmacy easy to access when it's within walking distance or has parking, has friendly staff and when its opening hours suit them.

- Q The opening hours are excellent and the staff are amazing.
- Q The pharmacy is five minutes' walk from where I live and has opening times to suit my work hours. It is also fairly easy to access by telephone and has a useful and informative website.

## Rural challenges

The main access issues we heard about were in rural areas where there have been pharmacy closures.

- Q My local pharmacy closed, leaving an entire community with no service. The nearest pharmacy is a mile away up a steep hill and is already over-subscribed, with queues outside most days. It's too expensive to park in the nearest town just to go to a pharmacy. I now collect my own prescriptions and over-the-counter products from a pharmacy 20 miles away because I have to get prescriptions for someone else there, and it's the most convenient way I can do it.
- Q I live in Lyme Regis and the only remaining pharmacy is not a prescribing pharmacy and never has stock.

## Core opening hours

People also shared with us the problems they've faced when pharmacy hours have been cut or are unreliable.

- Q They shut 1-2pm for lunch which, when you work, isn't ideal as it's one of the few times I am free to collect meds. [They] never have the prescriptions ready. Always have to wait 10-30 minutes for them to make up the prescription even though I send my repeat request two weeks before I collect to give them plenty of time to get meds in. Also, they don't always have all the medication required when I pick up and don't notify me beforehand so [have] wasted trips.
- Q The one pharmacist always takes different times for lunch so you can never be sure they will be in. I went in at 15.50hrs last time only to find pharmacist had just gone for lunch.

## Medicine shortages

39% of people who responded to our survey told us they'd had problems getting their medication. People need confidence that pharmacy services are there when they need them. However, long term medication shortages have left people feeling helpless, frustrated and at potential risk of harm. This is often a difficult and ongoing issue for people living with long term conditions.

- Q I have experienced problems accessing various eye drops from community pharmacies over the years, which is very anxiety provoking. I have glaucoma and have had recurrent episodes of uveitis - I worry that I could lose my eyesight if I do not use the medication prescribed for me. Fortunately, the pharmacy at Moorfields Eye Hospital has been able to help me when I have encountered problems.



Q My diabetic injections are sometimes out of stock and the doctor has to change the dosage.

Q Medicine shortages really affected my mental health.



This has led to patients having to play 'pharmacy bingo' – going from one pharmacy to another to find the medication they need.



Q I have either had to wait and hope the medication arrives in time, or on occasion, asked for the prescription back and went to another pharmacy instead. The medication is essential daily so I cannot risk running out and place my order, well in advance, but there is always a wait for the required medication needed.

Q I've sometimes had to go without vital medication which is dangerous. By the time I find out that the medication is not available I then have to wait for a prescription to be sent to the NHS spine so that another pharmacy [can] order it in, then send a carer up to queue which costs me a lot of money. Very unsatisfactory.



## Reasonable adjustments

We asked people: 'If you have a disability and are prescribed medicines, are they dispensed in a way that meets your needs?' This could include reasonable adjustments, for example, large print labels, easy open containers, multi-compartment compliance aids or blister packs, reminder charts.

68% of people who responded to this question told us their medicines are dispensed in a way that meets their needs.

Q They provide a very useful service of delivering medicines to one's home. This is very helpful as I cannot get to the shop because of disability.



The remaining 32% of people who responded felt they do not always get the reasonable adjustments they need. There doesn't appear to be any consistency around the types of reasonable adjustments pharmacies are able to offer.

Q I have multiple sclerosis. It would be lovely if the pills came direct to me in a weekly container. But they don't. It takes me 15 minutes to prepare my next week's pills.

Q If you are deaf there are no reasonable adjustments. They are very busy and they don't pick up the phone for carers. You can be housebound like myself and can't get up there.

Q As I am disabled with walking and standing difficulties. I find it difficult waiting in a queue. There are frequent queues in our pharmacy. A chair with arms, so I could sit down and get up again, would help.







## Prescription costs

85% of the people who took part in our survey do not pay for their prescriptions and a further 11% told us they don't have a problem in paying for prescriptions.



The other 4% told us they either delay getting their medicine because of cost or can only afford medicines for some of their family members.

People also told us they struggle to afford care items which aren't on prescription.

 In the past when I had to pay [for prescriptions] I've gone without getting them. 


 Disability relief for chronic debilitating afflictions rely heavily on self-help and are extremely expensive, for example, incontinence pads cost around £100 monthly. 



We heard from people with regular prescriptions who find it a lot cheaper to buy a [NHS prescription prepayment certificate \(PPC\)](#) to keep costs down.

 I have decided to do the pre-paid prescription service. 


## Pharmacy First



63% of people who took part in our survey had not heard of Pharmacy First. Of the 37% who had heard of the scheme, most people had found out about it through national press, social media, their local GP and/or pharmacy.

 I have heard the phrase from neighbours but no-one has ever explained it to me and I've never felt the need to find out.


 I work in a GP surgery, otherwise I would not know as I have not seen any information locally and a lot of our patients are not aware. 



Some people welcomed Pharmacy First, while others felt mistrustful of the scheme.

 Pharmacy First is a service provided by pharmacies to recommend and dispense medication for symptoms that you don't necessarily need a doctor to diagnose. Also able to give advice on medical issues and perform some vaccinations. Great medical resource and takes weight off the GP surgeries.




 TV advert saying go to pharmacy rather than GP. Crazy idea, as they could easily miss something important. Someone I know was told by pharmacist to take ibuprofen for backache when on blood thinners and ended up in hospital with serious illness and stress fracture of spine. 

Only 13% of survey respondents told us they have used Pharmacy First. Some people felt this was a positive experience.



 I was able to obtain the medication I needed without being told the doctor was not free for days. This particular time was beneficial because I knew the reason for my illness as I have an ongoing condition that flares up.

 Infected insect bite and I was due to go away the next day. Called in to the pharmacy rather than going to GP; got antibiotics within 15 mins. Very efficient and a fantastic service. 

However, others told us they had faced problems using Pharmacy First and had been referred to the scheme inappropriately.

-  I was directed to the pharmacy by GP surgery for a UTI but they couldn't help due to my diabetes, so had to go back to the GP at short notice. The surgery shouldn't have referred me as type 1 diabetes is on my notes. Lots of wasted time.
-  I was referred to the pharmacy when I used eConsult regarding a rash. I spoke to the pharmacist who didn't appear to know about the scheme - I had to tell her! I get free prescriptions but the pharmacist said she would have to charge me. If the pharmacist can prescribe medication, they should be able to provide it at no cost to the patient and this is a major problem with the scheme.
-  I had a blocked ear. The pharmacist sold me a spray for outer ear infection and told me to go back in a week if it hadn't improved. I saw a different pharmacist who said it was incorrectly prescribed, since it clearly wasn't an infection. Eventually went to the doctor. The key difference is that the doctor looked in my ear. Neither of the pharmacists did that; they were more interested in selling me something than helping me.

We also heard from people who found the Pharmacy First age limits very confusing. There are different younger age limits for different conditions and an upper age limit of 64 for women seeking treatment of UTIs.

-  I was on holiday when a UTI started. Rang NHS 111 and was told something would be sent to a pharmacy in the town I was staying. Went there the next day and no record of call on NHS spine. Asked pharmacist to treat me and at 68 I was too old!!!! Crazy. Rang NHS 111 again and finally got the antibiotics I needed from my local MIU when I was nearing home. If only it had been dealt with on the first day I probably wouldn't have needed a second dose of antibiotics.
-  I had a suspected UTI but because I am over 65 the pharmacist advised I would need to access GP services.

## Key Themes

Most of the people who completed our survey found their local pharmacy easy to access and in particular experiences of online pharmacies was very positive. The problems we heard about were in more rural areas where pharmacy closures, reduced hours and supply issues are having a significant impact on people. We also gathered worrying stories of where medication shortages are leaving people feeling helpless, frustrated and at potential risk of harm.

The successful rollout of Pharmacy First will rely on addressing existing challenges facing pharmacy teams. Closures and changes in opening hours are affecting the way people in rural Dorset are able to use pharmacies. It is also important that patients know about the scheme, have clear information about how and when to use Pharmacy First and are confident in the support local pharmacies can offer.

## Demographics

Our survey was completed by more older people than younger, and more people who identify as women than men, so any future look at people's experience of pharmacy services in Dorset should be targeted towards men and younger people. The demographic data collected from our survey is detailed in the Appendix (page 11).



## Case studies

### Siobhan's story

#### Wider awareness needed of young carers

We spoke to Siobhan who is 21 years old and has cared for her mother, who has mental health issues, for over 15 years.

There have been occasions when I have not been able to access her medication for a good couple of days and after a day or so, the withdrawals symptoms develop very quickly. It's serious; you quickly notice when she has not got her medication and it's not great for me when I have to deal with that situation.

I have a lot of knowledge for my age because of being a young carer. I feel that there should be more awareness around the role of young carers.

[Interview with Siobhan](#)

### Jamie's story

#### Shortage of required medication

Jamie is 46 years old and has ADHD. He shared his experience that one of his prescribed medications is often not available and hasn't been for over two years.

With regards to my ADHD, I'm reluctant to start taking the medication because of the ongoing shortages. It's so sporadic as to when it is available and once you start taking it you have to carry on taking it, but if it's suddenly not available then you are stopping and starting, which isn't good. The pharmacists don't even seem to know why these medications aren't available.

[Interview with Jamie](#)

### Hannah's story

#### Ferndown Medicine Bank

We talked to Hannah at Ferndown Community Support, where as a UK first thanks to pilot funding, a medicine bank within the Food Bank+ hub was launched in Ferndown. They recognised the need for free access to off-the-shelf medicines and have worked with the local Primary Care Network and Dorset Healthcare pharmacy to develop strict protocols in order to provide, for example, pain relief, antihistamines, indigestion relief, thrush treatment and teething gel to their clients.

We knew we needed to act in a holistic way to tackle some of the inequalities that go hand in hand with poverty. The pivotal moment that drove this home was encountering a mother with a very distressed baby, in distress herself, break down at the pharmacy counter because she had no money to purchase the pain relief the child so desperately needed to reduce the pain and the temperature. We knew then that we had to find a better way; the cost of living crisis had deepened beyond measure.

[Interview with Hannah](#)

*[See photos in Appendix, page 12]*

# Recommendations

- 1. Closures and reduced hours:** To reduce the impact of pharmacy closures and reduced hours we recommend cross-system working to ensure people are better notified of closures and changes to opening hours, and that pharmacy teams have enacted improved contingency plans for workforce issues.
- 2. Online pharmacies:** We recommend wider promotion of online pharmacies to help improve access for local people.
- 3. Medicine shortages:** We recommend that NHS Dorset work with the Local Pharmacy Committee and GP Alliance to improve the current situation and ensure that prescribed medication is available for people who need it.
- 4. Pharmacy First:** Public communications for the initiative need to be clearer on the age restrictions and limitations. NHS 111 and GP staff should be offered further training and information to ensure that they understand what's available, including the age limits, when referring people to Pharmacy First.
- 5. Reasonable adjustments:** We recommend that NHS Dorset share clear expectations of the adjustments pharmacies should be making to provide medication, information and physical access to pharmacies in reasonable ways that meet people's needs.
- 6. Prescription Costs:** We recommend that the NHS prescription prepayment certificate (PPC) service is more widely promoted to ensure that people who have regular prescriptions access and benefit from any cost savings available to them.

## Next steps

Our findings from this project will feed into the Pharmaceutical Needs Assessment. We will also share our findings with Our Dorset Integrated Care system (ICS), NHS Dorset, our local unitary councils, the Local Pharmacy Committee and the GP Alliance.

## Stakeholder responses

### Jane Horne, Consultant in Public Health, co-ordinating the Pharmaceutical Needs Assessment for Dorset

"Every three years, the two Health and Wellbeing Boards in Dorset must assess the need linked to pharmacies. Listening to local voices is crucial and this work from Healthwatch will be a key strand in the next Pharmaceutical Needs Assessment."

### Fiona Arnold, Community Pharmacy Clinical Lead, NHS Dorset

"NHS Dorset highly values patients' perspectives and feedback to inform commissioning of services in Dorset. It is vital that we have services that meet the needs of our population and that are accessible. Feedback from a previous patient questionnaire raised concerns over the quantity of waste medicines. This led to the creation of the Only Order What You Need Campaign; this was successful in reducing the amount of waste medicines generated in Dorset.

"We will use this Healthwatch Dorset report on peoples experience of local pharmacy services to inform our work over the coming year."



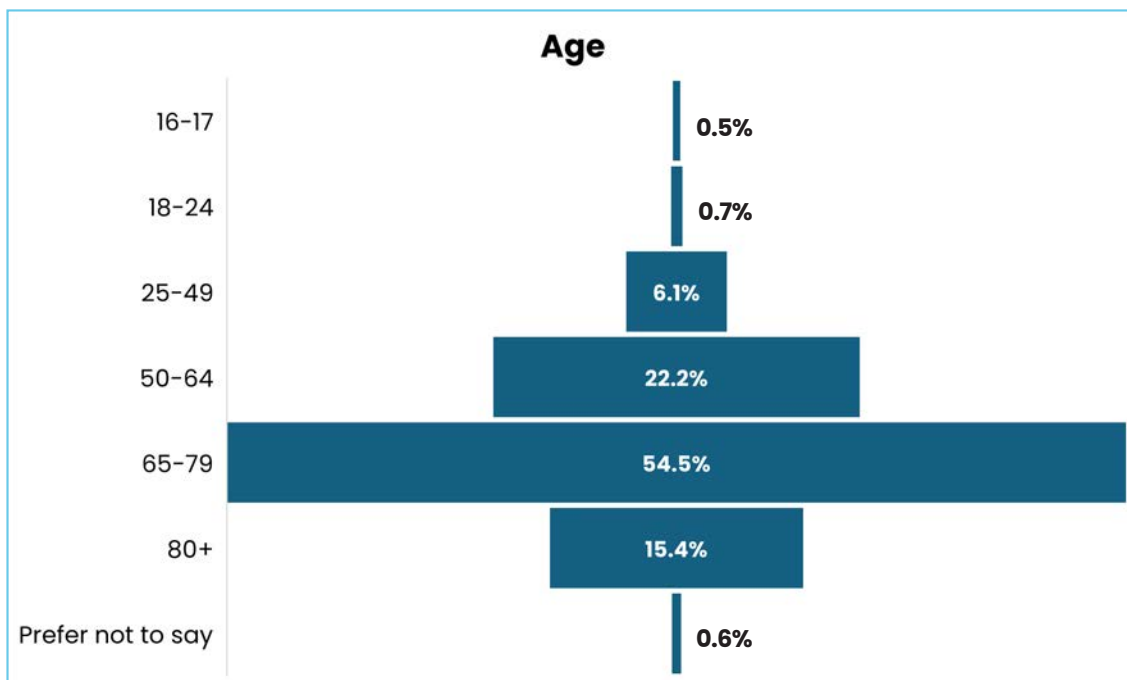
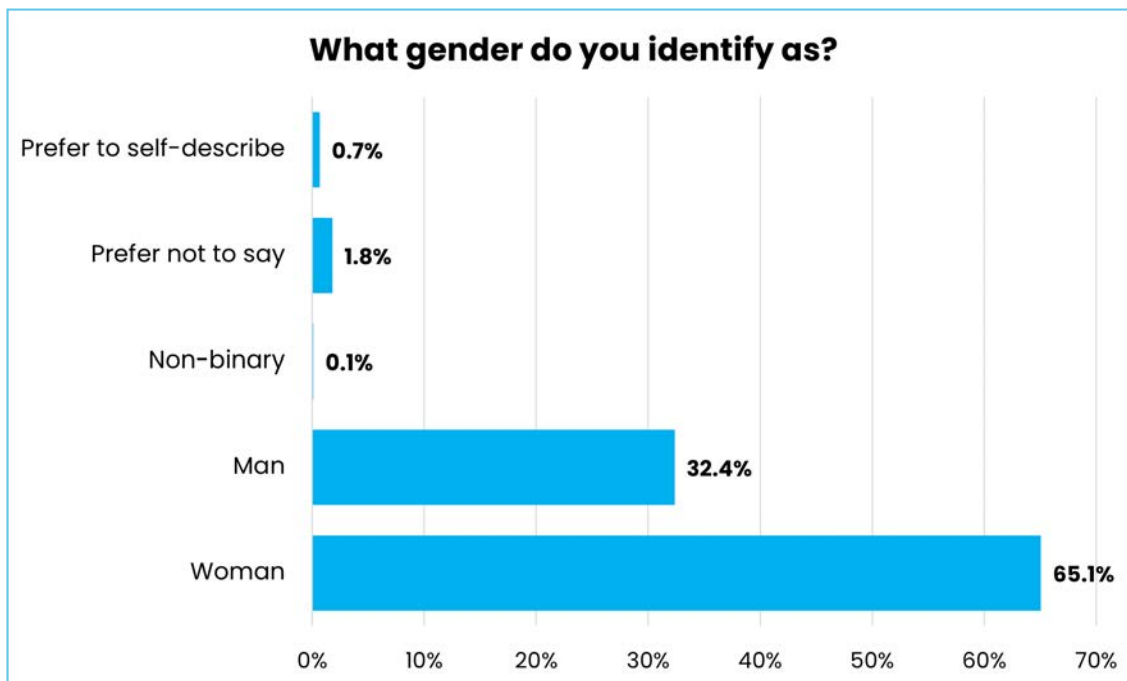
# Thank you

We would like to thank everyone who part in our survey and shared their story with us - without you we would not be able to do the work that we do. We would also like to thank our volunteers, health sector colleagues and the local voluntary and community sector organisations that helped us to promote the survey.

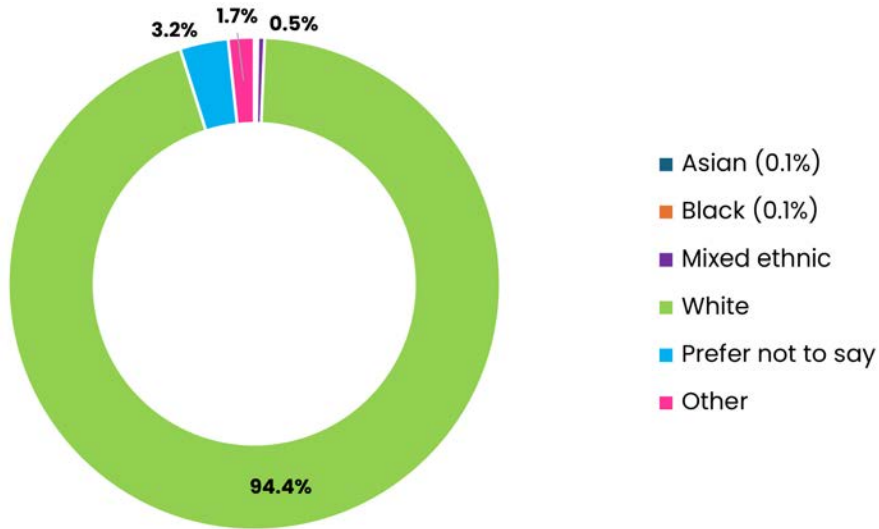
## Appendix

### Demographics

Key demographics from survey respondents: gender, age and ethnicity.



## What is your ethnic group?



## Ferndown Community Support

Staff and volunteers [images © Hannah Hobbs, FCS]





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