Community Pharmacy in Hastings

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healthwatch East Sussex

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Context and aims

Background

Alongside GP's, pharmacies are often the first port of call for many when they are unwell or in need of health-related advice. Pharmacies play a key role in supporting the health of the population, dispensing medicines and offering support to help people manage their health at home. Since the launch of Pharmacy First in January 2024,pharmacies can also now offer diagnosis and treatment of seven common medical conditions by a registered pharmacist without intervention from a GP.

However, services offered at individual pharmacies can greatly differ. Community pharmacy operates on a contractor model like other primary care providers. This means community pharmacies are usually independent businesses contracted by the NHS to provide certain services. While all pharmacies must provide *essential services*, some pharmacies may offer *advanced services* or *locally commissioned services* in addition to their core offer.

In East Sussex there are 93 community pharmacies, 3 distance selling pharmacies and 16 dispensing GP practices.

East Sussex Pharmaceutical Needs Assessment 2025

A Pharmaceutical Needs Assessment (PNA) is a statutory requirement for Health and Wellbeing Boards to assess the pharmaceutical services in their area every three years. It evaluates local health needs and the availability of pharmaceutical services, guiding future healthcare decisions and service provision.

In 2025, the East Sussex PNA was carried out by NHS and local authority (LA) partners, as part of this process. 947 people completed a resident's survey regarding their use of pharmacies. Some of the key findings included:

- 71% of people reported they got their prescriptions from a pharmacy
- 65% of people reported visiting a pharmacy at least once a month
- 54% of people reported they found it hard to access a pharmacy on a bank holiday
- 47% of people found it hard to access a pharmacy on a weekday after 6pm
- 21% of people with physical disabilities or communication needs felt that pharmacies did not always meet their needs

Our project

Over the last 18 months Healthwatch East Sussex has heard about a range of issues and themes relating to local pharmacy provision. Through our outreach and engagement activities, our Information and Signposting Service and our recent Healthwatch in Sussex Pharmacy Poll we have captured the experiences of pharmacy service users across Sussex.

This has included many positive experiences related to the use of pharmacies, such as friendly and helpful staff, and general satisfaction with the services offered by pharmacies.

Negative feedback has included concerns around local and national issues, such as:

- medication shortages and problems with medication delivery
- mixed awareness and take-up of Pharmacy First
- difficulty obtaining out of hours (after 6pm/weekends/bank holiday) pharmacy access
- lack of information on translation/interpreting services
- issues with medicine reviews
- the rising cost of prescriptions
- a lack of communication between pharmacy and other healthcare services leading to fragmented care

Exploration of local pharmacy services was also identified as a theme to explore further in our 2025-26 workplan through our prioritisation process.

In response, we devised a small-scale project to explore community pharmacy provision and user experiences across the ten pharmacies located in Hastings

Our Aims

The main aims of our project were:

1. To better understand what services are delivered in individual pharmacies, and how clear these are to service users.
2. To identify barriers which may restrict patient access to pharmacies and their services, particularly accessibility barriers such as physical access, communication support etc.
3. To engage with users of community pharmacy to understand their experience of using pharmacy services, and if their visit met their expectation/needs.
4. To speak with community pharmacy staff to understand what challenges they experience in delivering services.
5. To feedback any insight we gather to service providers and commissioners.

Methodology

Why Hastings?

Due to the large number of community pharmacies in the county we decided to focus our work in one area of East Sussex.

Intelligence gathered through our previous work highlighted that Hastings had a higher number of people identifying as disabled than the national average, and that access to services was a key area for concern for local people.

Hastings also has high levels of deprivation with several areas amongst the most 20% deprived areas in England. Hastings also has the lowest life expectancy of all the districts and boroughs in East Sussex, and a higher proportion of people reporting as living in bad or very bad health (7.3%).

Healthwatch has also recently completed a Listening Tour in Hastings exploring peoples general experience of health and care locally. Therefore, it was decided that looking at pharmacy provision in Hastings was a natural follow on from this activity and would help us to build a more comprehensive picture of the area in terms of health and care provision.

What we did

We identified 10 community pharmacies located in Hastings Borough at the time our exercise was undertaken (summer 2025):

- J Anderson's Pharmacy
- Wellcare Pharmacy
- Pharmacy @ Station Plaza (100-hour pharmacy)
- Laycocks Chemists
- Osbon Pharmacy
- Morrisons Pharmacy
- Day Lewis Hirst Pharmacy
- Kamson Pharmacy
- Hillview Pharmacy
- Boots the Chemists
- Day Lewis Porter Pharmacy

Healthwatch East Sussex volunteers and staff visited the 10 community pharmacies and undertook two phases of activity:

1. A light touch audit of accessibility (see Appendix 1)

The light tough review or 'audit' of the accessibility of the pharmacies looked at :

- The physical accessibility of the premises
- Accessibility of information available both externally and internally
- Could all service users easily gain access to the premises?
- If it clear what services were provided at each pharmacy

2. Engagement with service users during our visits to understand their experiences of using the pharmacy and if their needs were being met. (see Appendix 2)

We engaged with nine service users who presented at the pharmacies during our visits. Once they had made their visit and had exited the pharmacy our volunteers approached them to ask if they would be happy to answer a few questions.

We engaged with service users through semi-structured interviews, using a standard set of questions to explore their recent experiences.

Questions explored various topics including:

- Positive experiences of pharmacy in the last 12 months.
- How satisfied they were with different aspects of the pharmacy, such as availability of medication, accessibility and feeling listened to.
- If they had accessed or tried to access Pharmacy First in the last 12 months.

Healthwatch reviewers worked in pairs, and each pair visited two pharmacies. All 10 pharmacies were visited over the space of 5 days. Our volunteers come from diverse backgrounds and include people with mobility issues linked to age and disability, and people whose first language is not English.

Limitations

We acknowledge that our approach includes some limitations, including:

- By engaging with service users who were already at and using the pharmacies we visited we were only engaging with people who were most able to access a pharmacy, rather than those least able or unable.
- Some aspects of the accessibility review are not contractual requirements for pharmacies, which operate as independent businesses. Although all publicly accessible premises should adhere to the Equality Act 2010 and make 'reasonable adjustments' for people with disabilities, this may be subject to interpretation and exceptions may apply.

Key findings

Positive headlines:

- All the community pharmacy users we engaged with were able to receive the service(s) or products they were seeking on the day and gave generally positive feedback of previous experiences using pharmacy services.
- None of the pharmacy users we engaged with during our visits felt they had encountered a barrier to accessing pharmacy services in the last 12 months.
- No pharmacy users we engaged with had chosen not to get a prescription due to the cost. The only issues identified by those we spoke to were waiting times and occasional unavailability of medications.
- Internal accessibility at all pharmacies was generally very good, with clear and easily navigable pathways from the entrance to the counter.
- All the pharmacy users (100%) we spoke to were either very satisfied or satisfied with the opening hours, feeling listened to and privacy. Almost all (88.9%) who had used a consulting room at the pharmacy were very satisfied with its condition.

Negative headlines:

- Some pharmacies lacked visible and clear signage to indicate if they offered Pharmacy First services, or what the service could provide i.e. the symptoms that could be treated and the eligibility criteria.
- Signage at pharmacies did not always make it clear what services the pharmacies offered, potentially making it difficult for people to know they offered Pharmacy First, health checks and other preventative schemes.
- User awareness of Pharmacy First was lower than anticipated, with only approximately half of those visiting pharmacies being aware of or having used these services.
- Most of the pharmacies we visited had heavy manual doors making it difficult for some people to access pharmacy premises, particularly those who are older or have mobility issues. Few had automatic doors or bells to summon assistance, and some had stepped access.
- Only one pharmacy had any information displayed explaining how the pharmacy could organise translation and interpretation services, and only one pharmacy had a hearing loop installed.
- There was no accessible information for people with diverse needs on display in the pharmacies, such as information available in different formats.

Audit

Accessibility

Pharmacies are a key part of the healthcare system, which need to be accessible to all users regardless of disability, language, age or income etc. If they are not accessible, some service users will not be able to use them when needed, which can have a detrimental effect on their health and wellbeing.

External accessibility

We examined the main entrance to each pharmacy to identify any potential accessibility barriers for people with additional needs, such as physical disabilities, injuries or restricted mobility.

We found most pharmacies (90%) had a clearly identifiable entrance to the premises which could be seen from some distance, and all (100%) entrances had a door wide enough to accommodate a range of people, including wheelchair users.

A third of pharmacies (30%) did not have clear, step free access into the pharmacy, which could make gaining access to the pharmacy challenging for people with mobility issues as well as wheelchair users.

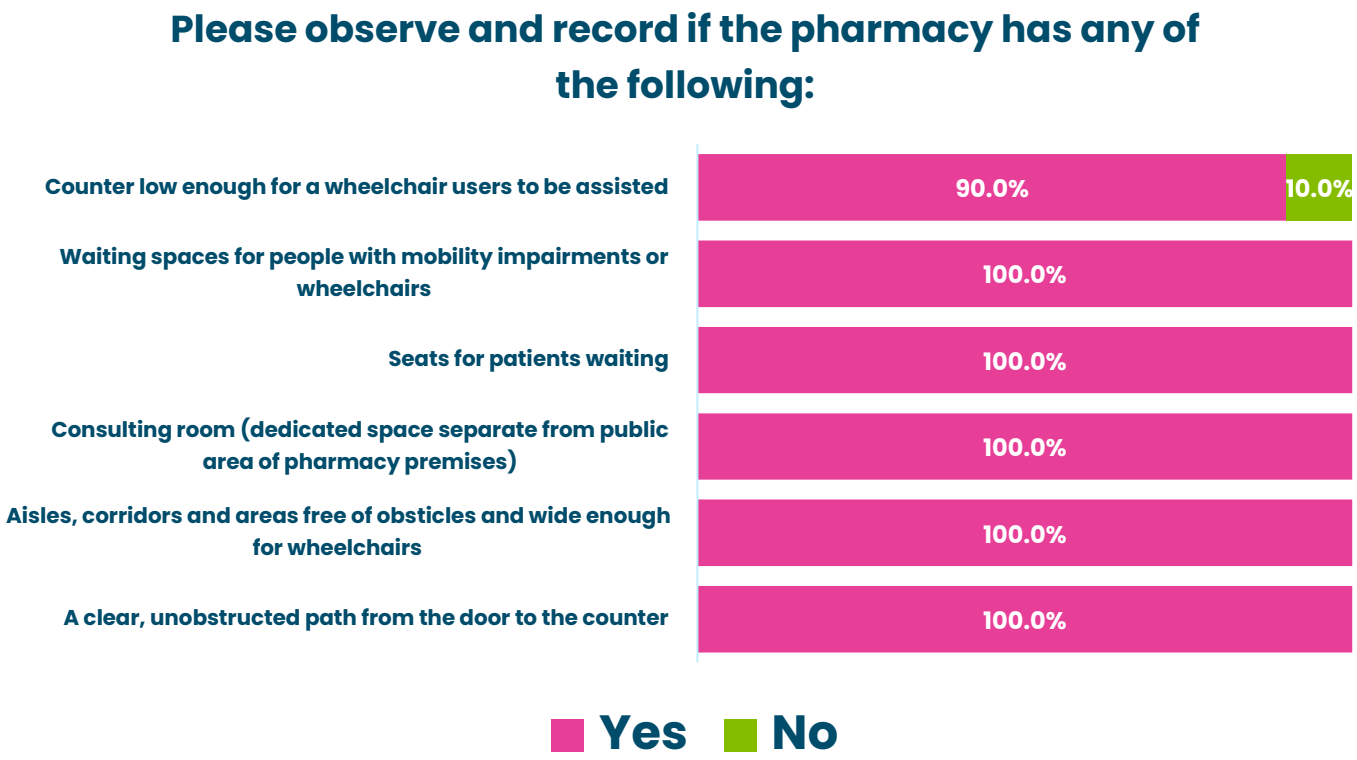
We also found only 20% of the pharmacies had an automatic door. The majority (70%) had manual doors, which pose a challenge for some people, particularly people with physical disabilities or mobility issues if they are accessing the pharmacy alone.

This risk could be mitigated by having a way for service users trying to access the pharmacy to contact or get the attention of pharmacy staff, such as a bell or entry phone, but only one pharmacy (10%) had this in place.

Internal accessibility

A clear and easily navigable path from entry to the counter is beneficial to all service users, particularly those with mobility issues or neurodivergence. All the pharmacies visited (100%) appeared to be accessible for most users once entry had been gained. All had a clear and unobstructed path from the door to the counter, had aisles, corridors and areas free of obstacles, and were wide enough for wheelchair users to navigate.

Each pharmacy had a private consultation room, seats for service users to wait, including space for people with mobility impairments or wheelchairs. The majority (90%) also had a counter low enough for wheelchair users to be assisted easily.



Pharmacy First

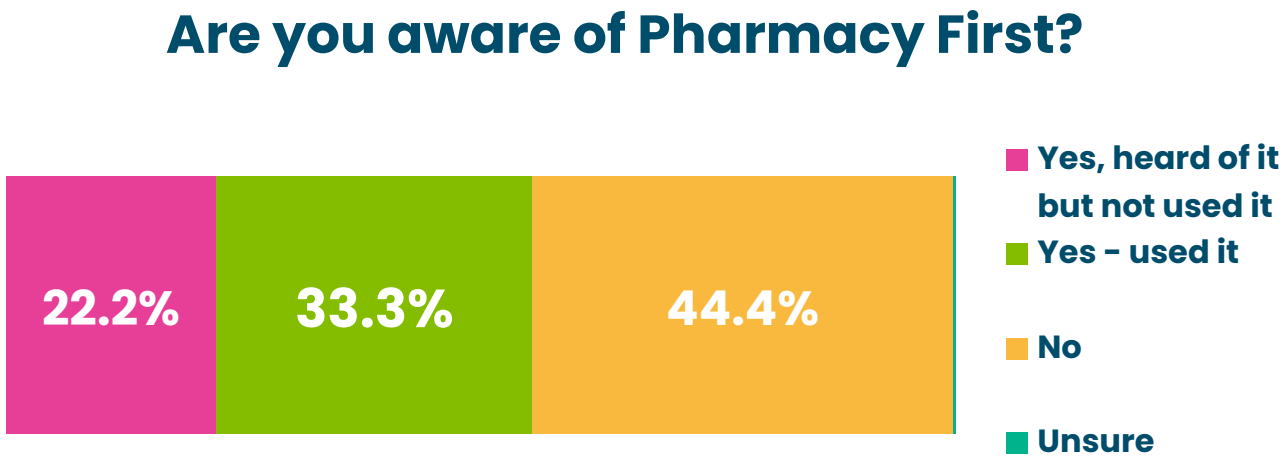
Whilst all the pharmacies we visited were signed up to deliver Pharmacy First services, this was not always clear based on the information visible on the premises.

Whilst most pharmacies (80%) had some information on Pharmacy First displayed internally, and over half (60%) had some information displayed externally, the type and format of information displayed was inconsistent.

Some pharmacies had large posters with clear NHS colours and branding, but others had small black and white print out posters with very limited information. We also found other posters promoting the Pharmacy First service under a different name or private brand.

Over half (60%) pharmacies displayed clear information on the eligibility criteria for each condition, but a fifth (20%) did not include eligibility information and a further fifth (20%) had no information or signage on each of these Pharmacy First conditions.

Having visible information on Pharmacy First and what it offers is essential in encouraging and enabling more people to seek help from a pharmacy when



appropriate. Whilst just over half (55.5%) the service users we spoke to had heard of (22.2%) or used (33.3%) Pharmacy First services before, a substantial proportion (44.4%) had not heard of the service.

Of the people who had used the Pharmacy First service, half (50%) had used it for a sore throat. Other reasons for accessing the service included earache (16.7%), infected bug bites (16.7%) and impetigo (16.7%).

One person also fed back that they had tried to use Pharmacy First but had been unable to.

"Tried to access for a UTI, but wasn't within criteria, but very well treated"

Signage

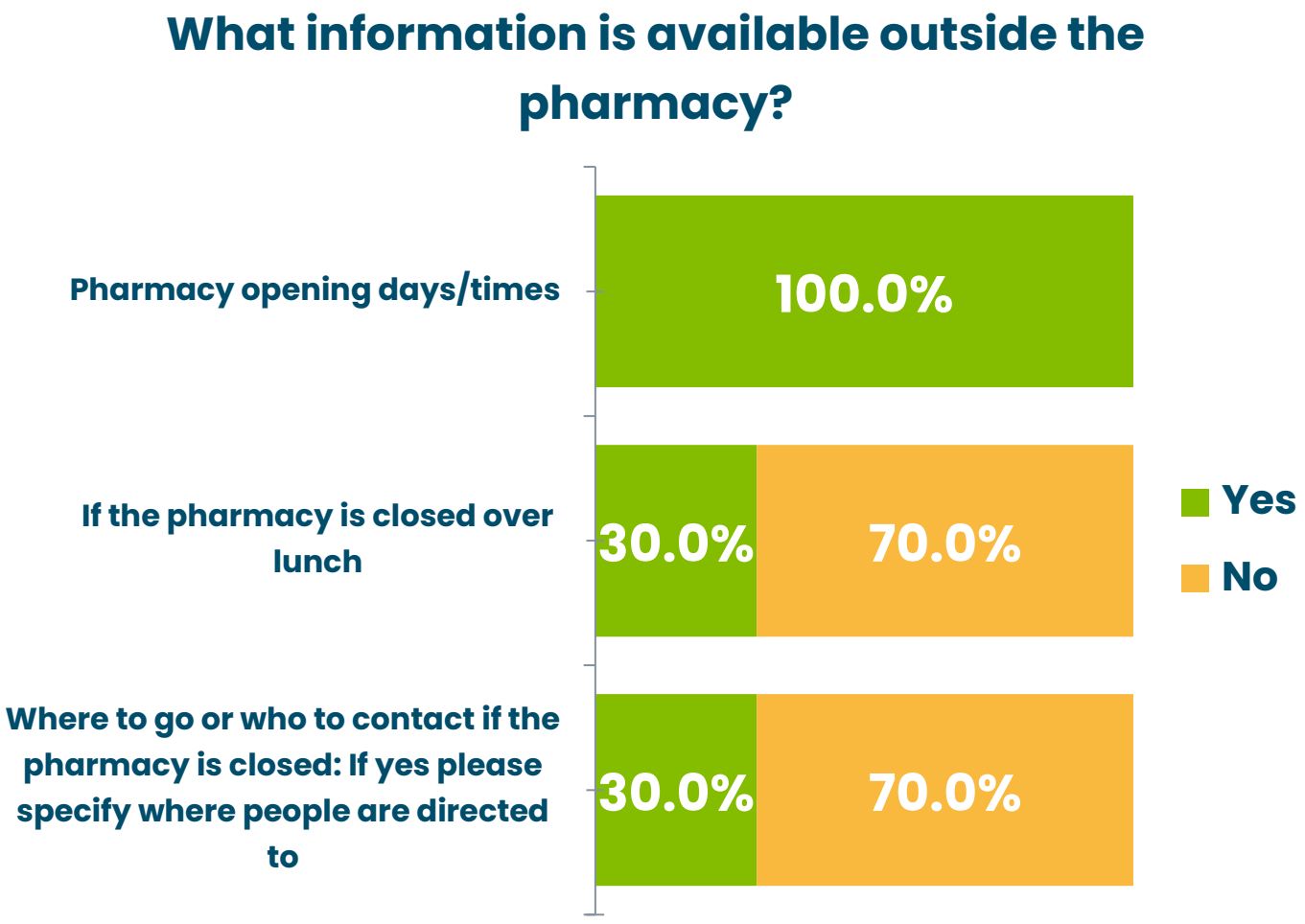
With different pharmacies offering different services, it can be challenging for a member of the public to know what they can access and where.

The signage on the exterior of a pharmacy is the first thing a patient sees when arriving. The information presented to service users at this point in their journey can be pivotal in a patient deciding their next steps.

All the Hastings pharmacies visited had their opening hours clearly displayed on the exterior of the premises.

Some pharmacies (30%) also displayed details on when they may be closed for lunch, but the majority did not.

Just over two thirds of the pharmacies (70%) did not have any information displayed externally about where a patient could go if the pharmacy was closed. Those that did offer this information (30%), signposted people either to NHS 111 or their own pharmacy website for more information.



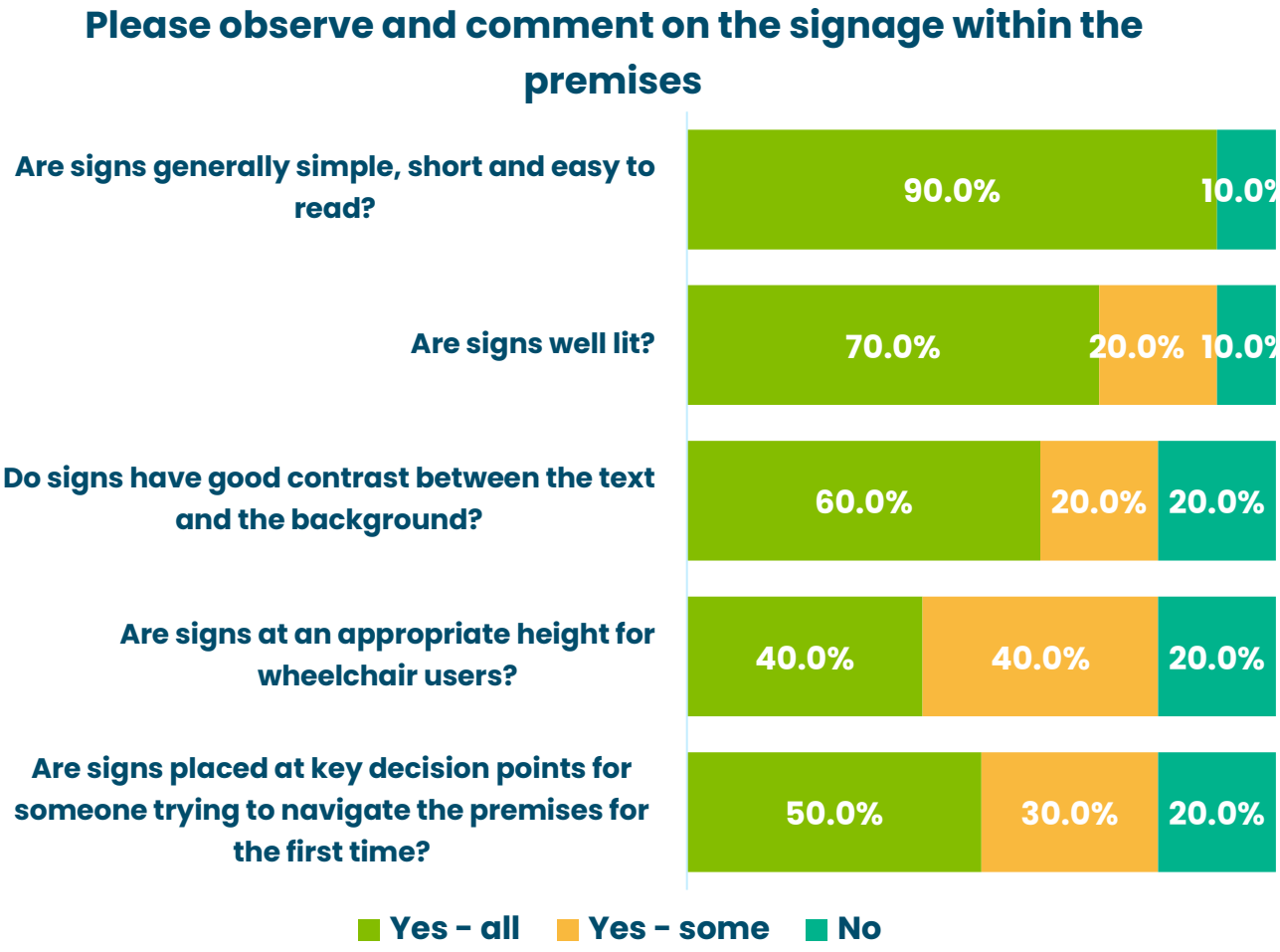
Whilst all the pharmacies we visited had some information on what services they delivered displayed externally, none provided a comprehensive list.

Each pharmacy also advertised the services they offered differently, using different formats and information.

Although variation in this signage is expected as each pharmacy will offer a different level of advanced, enhanced and locally commissioned services, this may create challenges for service users seeking to identify the services offered by each pharmacy. Comparing one pharmacy with another is challenging, especially for anyone digitally excluded and potentially unable to check on pharmacy websites, or NHS find a pharmacy, where more information is potentially available

Pharmacy First (60%), blood pressure checks (60%) and oral contraceptive (60%) were the most frequently advertised services in information displayed externally, with sexual health services (10%) and needle disposal/exchange (10%) being the least frequently promoted services.

When conducting the visits, we also looked at the signage within the premises, focusing on the key signage such as shelf labels and counter signs rather than information posters, and observed how these were displayed.



We found:

- The signage in most pharmacies (90%) was simple, short and easy to read.
- Some signage was noted as not being well lit, with a fifth of pharmacies (20%) having only some signs well-lit, and one pharmacy (10%) not having any signs well lit. This may affect service users' ability to read and understand the signage.
- Just over half of pharmacies (60%) signs were seen to have a good contrast between the text and the background.
- A fifth of pharmacies (20%) had no signs at an appropriate height for wheelchair users.

Availability of additional information

During the visits we asked our volunteers if they could identify the following in each pharmacy:

- *The name of the pharmacist working that day*

Pharmacies are legally required to display the name of the responsible Pharmacist on duty, along with their registration number.

During our visits we found that most (90%) had the name of the pharmacist on duty displayed where it could be seen by service users accessing the pharmacy. Most had this information displayed prominently where it could be easily seen by users.

- *The name of staff working that day*

While most pharmacies had the names of the pharmacist on duty readily available, it was challenging to identify the names or roles of other staff members working that day.

While some had name badges, many did not, and so names and roles were not easily identifiable. Whilst it is not a requirement in all pharmacies for staff to wear ID, it can be helpful for service users accessing the service to understand who they are interacting with, especially their roles, so they are getting the advice and support they need from the most appropriate person.

- *How to access British Sign Language support, translation and interpretation*

All GP practice, pharmacy, optometry, dentistry and community audiology sites delivering NHS services in Sussex have access to interpreting and translation services, which include:

- Face to face, telephone and remote community language interpreting
- Face to face, telephone and remote British Sign Language (BSL) interpreting
- Translation services including BSL videos, Braille and Easy Read
- Bilingual Advocacy

However, during our visits we found just one (10%) pharmacy had signage to indicate people could access BSL support and only two (20%) had signage to indicate that translation and interpretation could be accessed.

- *If a hearing loop is available*:

Hearing loops can be invaluable for service users who are hard of hearing. Although there are no legal requirements that a pharmacy must have a hearing loop, the Equality Act 2010 mandates that businesses, including pharmacies, make "reasonable adjustments" to ensure accessibility for people with disabilities.

Only one (10%) of the pharmacies we visited had signage to indicate that a hearing loop was available, as well as how to connect to it.

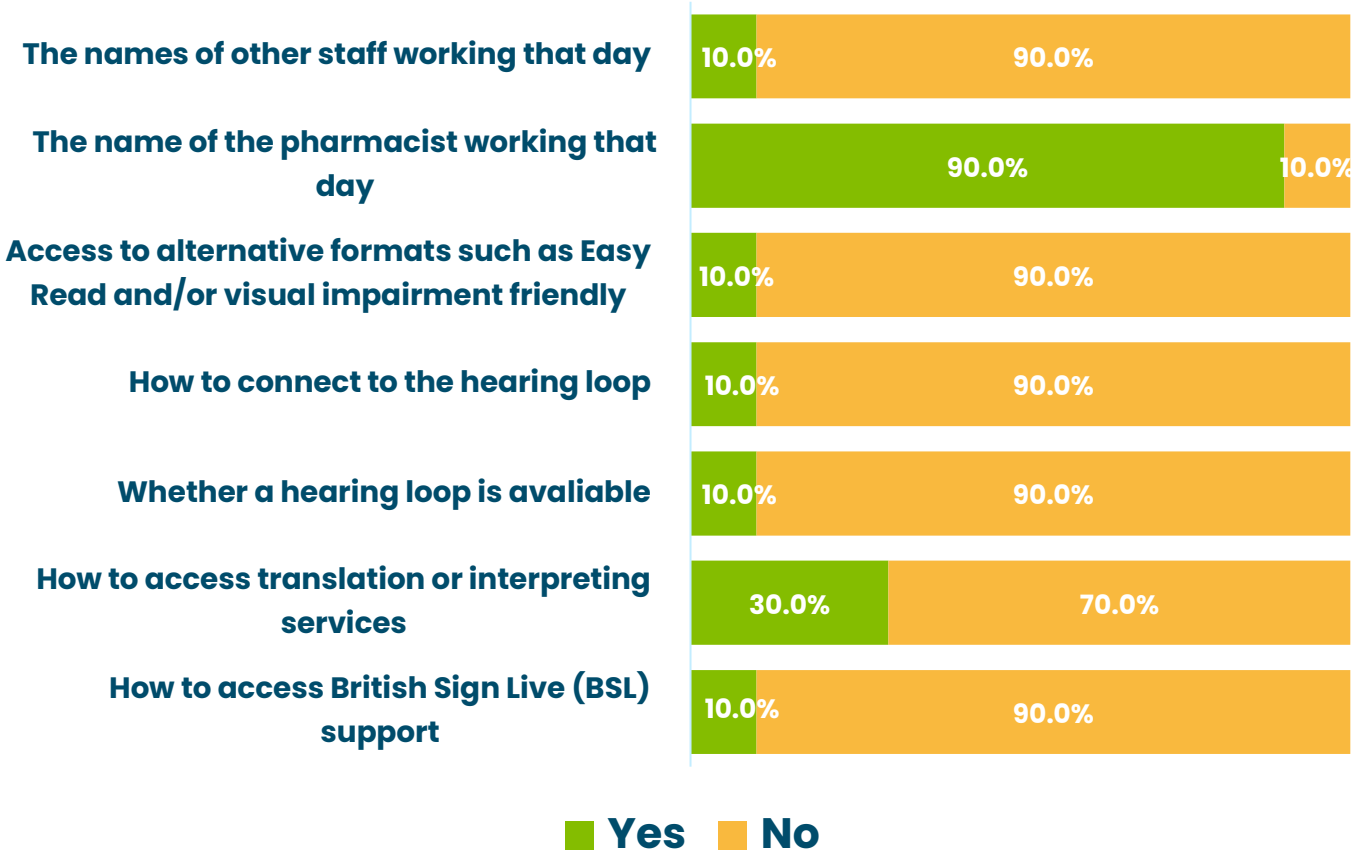
- *If there was information for service users in alternative formats*:

Pharmacies are required to provide information in accessible formats, including Easy Read, to ensure they meet the needs of their service users. This is a requirement of the Accessible Information Standard, which legally requires organisations delivering NHS or NHS-funded services to provide information in formats that individuals can easily understand.

During our visits only one pharmacy had any information available in alternative formats such as Easy Read, visual impairment friendly or in other languages.

This does not necessarily mean that the other pharmacies did not have these materials available upon request, only that they were not readily available for service users. A lack of clear accessible information can mean that people with communication needs face barriers when accessing pharmacy services and understanding and managing their own care

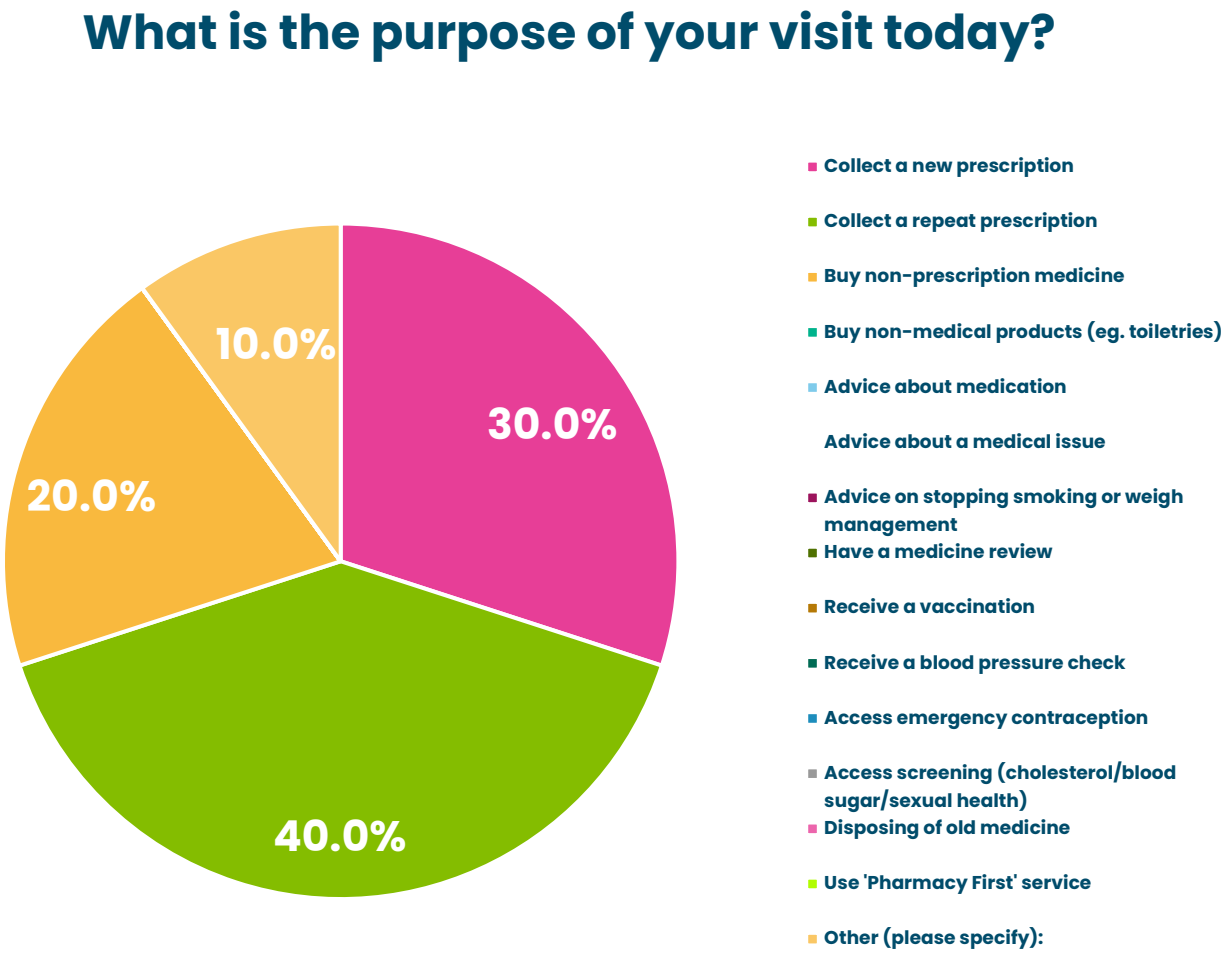
What information is visible in the pharmacy on:



Patient Experience of community pharmacy

Positive experience:

We engaged nine service users at four of the 10 pharmacies we visited. We approached service users who had accessed the pharmacy after conducting our review of accessibility.



More than two thirds (70%) of pharmacy users were picking up a prescription, either a new prescription (30%) or a repeat prescription (40%). One person (10%) was there to drop off a prescription, and two (20%) were buying a non-prescription medicine. All (100%) were able to access the services they had visited the pharmacy for.

Of those people engaged with, over half (55.6%) told us that they had chosen to come to the pharmacy, and just one (11.1%) that they had been directed there by another service (their GP).

All nine of the service users shared a positive experience of using a pharmacy service in the last 12 months. They praised kind and helpful staff and the 'excellent' service they had received.

> "Excellent service. They have also done blood pressure check and very supportive in getting my medication. I live in the vicinity so easy walk"

"It's been good, staff are always friendly and helpful"

"Apart from late medication, everything is fantastic"

"They are fantastic, absolutely brilliant"

"Very impressed with pharmacy, very helpful, I get all my meds from them"

"Always come here. Helpful staff. Medication checks in the consultation room"

"Brilliant"

"Staff are helpful"

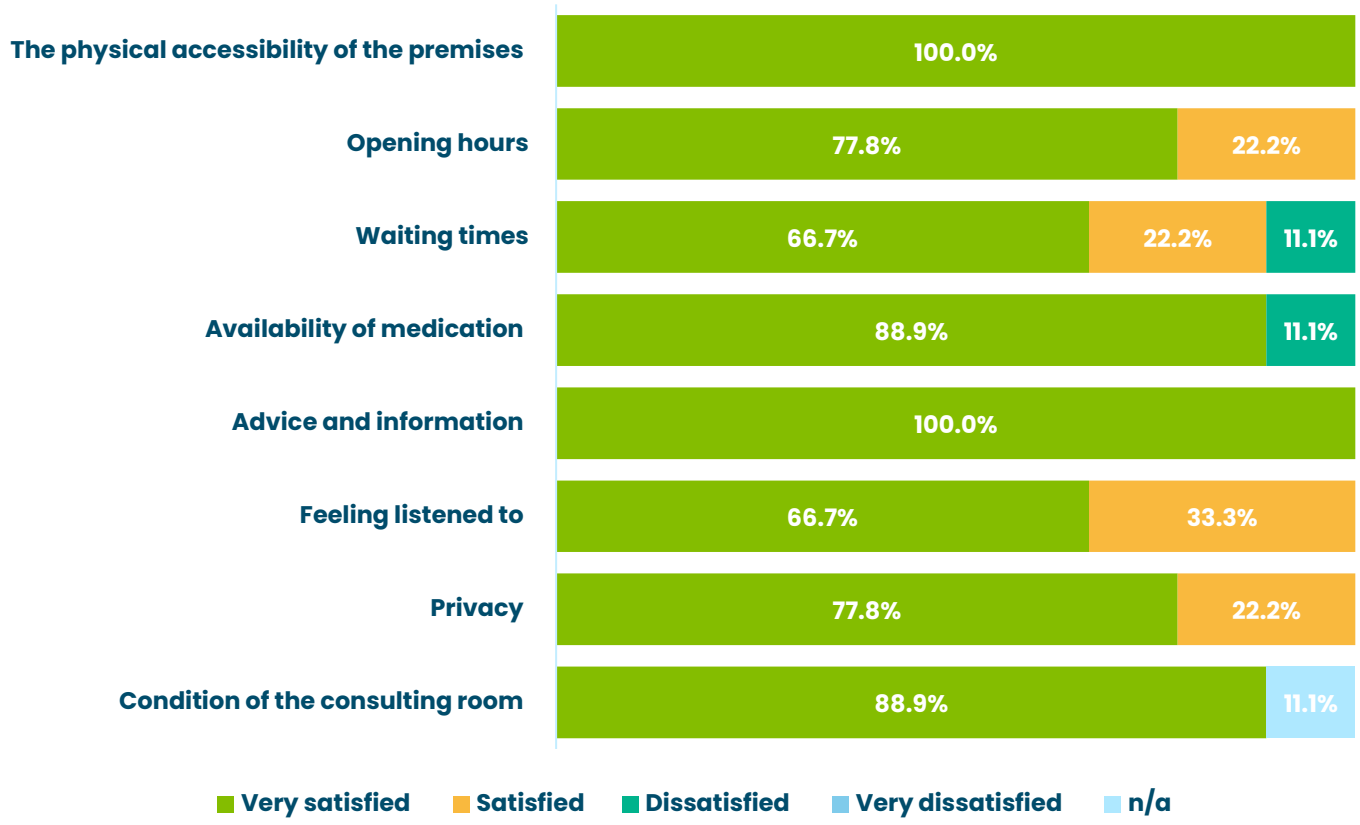
"So helpful. Always have what I wants"

We asked pharmacy users to tell us how satisfied they were with several aspects of the pharmacies they used. All the people we spoke to told us that they were very satisfied with the physical accessibility of the premises, and no aspects had posed barriers for them.

All the service users we engaged with also told us that they were very satisfied with the advice and information available at the pharmacies.

All the pharmacy users we spoke to were either very satisfied or satisfied with the opening hours, feeling listened to by staff and privacy in the space.

Thinking about your visit to this pharmacy in the last 12 months, how satisfied are you with:



Almost all (88.9%) who had used a consulting room at the pharmacy were very satisfied with its condition.

Most (88.9%) service users told us that they were either very satisfied (66.7%) or satisfied (22.2%) with waiting times at pharmacies. Others did share that there are sometimes long wait times when receiving their prescriptions.

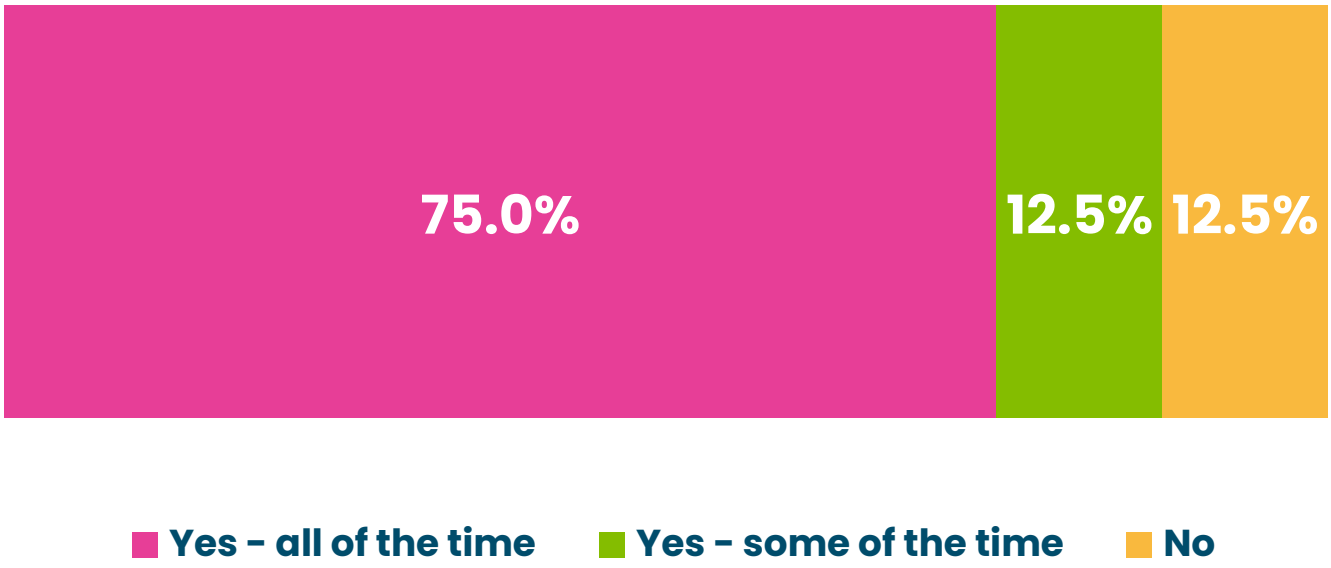
Most people (88.9%) were very satisfied with the availability of medication, with one person (11.1%) telling us they were dissatisfied. Additionally, three quarters (75%) of pharmacy users we engaged with told us that they were able to access the medication they had been prescribed 'all the time'. One person (11.1%) told us that they were able to access the medication 'some of the time' and one person (11.1%) told us they were not always able to access the medication they had been prescribed.

Those who told us they had some issues accessing their medication reported they were usually able to access their medication the next day and the shortages had no impact on their health or wellbeing.

"(unavailable) repeat prescription but hasn't had any effect on my health. I order it before I need it, but it comes late"

"Asked to come back tomorrow"

In the last 12 months, have you always been able to access the medication you have been prescribed?



None of the service users we engaged with felt they had encountered a barrier to accessing pharmacy services in the last 12 months, and none had chosen not to get a prescription due to the cost.

Additional Observations:

During our visits we observed staff interacting with service users during our visits.

These observations were overwhelmingly positive, with interactions observed at seven of the 10 pharmacies. Our volunteers reported pharmacy staff as generally being polite and helpful when interacting with service users.

"One person was observed collecting a prescription. Staff were polite and efficient, let the person know that they were missing some medication which could be collected in a couple of days' time"

"Staff are helpful, providing advice to service users in a friendly manner. There was a positive interaction between the pharmacist and a patient. Staff offered advice about the best value over counter meds. Staff checked for eligibility for free prescription with a support worker to make sure they didn't overpay."

Conclusion

Our review of community pharmacy provision in Hastings highlights some strengths and areas for improvement within local services.

Whilst internal accessibility was largely good and patient satisfaction high amongst those we spoke to, external access barriers—such as manual doors, limited adapted signage and high counters—may pose challenges for individuals with mobility or sensory impairments. These factors may combine to pose barriers to access and reduce pharmacy usage from certain user groups, reducing uptake of advice and support, or potentially pushing people to alternative, more accessible parts of the healthcare system.

The challenges and costs of adapting buildings to improve access are acknowledged but should be considered when purchasing or leasing buildings for the provision of key services such as pharmacy. However, adaptations such as installing bells for those seeking support with access could be explored at very limited cost.

As well as issues with physical accessibility, the limited visible information in the community pharmacies we visited on translation and interpretation services, access to accessible formats, and provision of hearing loops, may also exclude some service users.

This could be mitigated if community pharmacies ensured they had clear signage, internal and external, about what additional support can be offered.

As the commissioners of community pharmacy, NHS Sussex should collaborate with community pharmacies to support improvement in physical and information accessibility through the provision of guidance and where possible resources to support premises be as accessible as possible.

It is acknowledged that during the Covid-19 pandemic it was recommended that services such as pharmacies and GP's stop providing physical copies of leaflets as they could pose an infection risk. Although this recommendation is no longer in place, and so services may wish to explore how these can be reintroduced.

We found inconsistencies in signage and mixed levels of awareness of Pharmacy First, which suggests a need for clearer information at pharmacies to ensure service users are made aware of what it offers and who is eligible, especially if there is a national and system-wide emphasis on increasing Pharmacy First uptake.

NHS Sussex should ensure all community pharmacies delivering Pharmacy First are provided with or supported to access appropriate signage and marketing materials to actively promote the service and improve consistency in how it is presented to service users.

Improving physical access, enhancing visibility of services, and ensuring inclusive communication will help make community pharmacies more equitable and effective for the communities they serve.

Recommendations

Based on our findings, we are recommending:

That individual community pharmacy providers:

1. Provide clear and visible information and signage for customers and staff on how translation and interpretation services can be accessed for those who require BSL or alternative languages.
2. Display clear and visible signage, both externally and internally, as to whether Pharmacy First can be accessed at their pharmacy, along with the 7 conditions which can be treated and the eligibility criteria.
3. Ensure there is clear and comprehensive external signage indicating which services, including essential, advanced and locally commissioned, can be accessed at the pharmacy.
4. Consider providing more information leaflets for service users where they can be easily accessed, such as an information wall or information stand, which includes Easy Read, large print and alternative language versions.
5. Explore how to make the entrance to the premises more accessible. This could be the addition of an automatic door instead of manual, a ramp where there are steps, or a system by which service users can contact the staff team if they are struggling to enter, such as a bell or phone number.
6. Consider installing a hearing loop for those who are hard of hearing, along with signage to indicate its presence and how to connect.
7. Ensure that essential internal signage is well placed, well-lit and readable from customer facing areas, keeping in mind the diverse needs of different customers.
8. Consider undertaking your own accessibility audit of the premises to reflect what measures could make the site more accessible and welcoming to all service users.

That pharmacy commissioners (NHS Sussex):

9. Ensure all pharmacies and their staff are aware of how to access translation and interpretation services (including BSL) for service users and their contractual obligations to do so.
10. Consider providing community pharmacies with simple, clear and branded hard copy signage for Pharmacy First to aid promotion, including materials in accessible formats.
11. Explore how to support community pharmacies with challenging premises to become more accessible to those with physical or sensory impairments and offer financial support to ensure they meet the national requirements.

That Healthwatch East Sussex:

12. Consider further exploration of people's access to and experience of community pharmacy services to ensure that their experiences and needs are fed back to providers and commissioners.

13. Continue to monitor feedback from service users and share themes and trends with NHS commissioners, Healthwatch England and the Local Pharmacy Committee.

Comment from NHS Sussex:

Amy Galea, Chief Integration and Primary Care Officer, NHS Sussex, said: "Pharmacies play a vital role in our communities, providing important services, support, advice and information, which we know is greatly appreciated by residents right across the county. We welcome the positive feedback highlighted in this report, along with the areas identified where we can improve even further. We remain committed to working closely with our community pharmacies to ensure local people have access to high quality pharmacy services when they need them, so these recommendations are useful in helping us focus on what matters most to the people we serve. Thank you to Healthwatch East Sussex for their continuing invaluable work to ensure the voices of local people are heard regarding their experiences of health and care services."

Appendix 1: Audit

Accessibility audit

Pharmacy Audit 2025

Volunteer Name(s)	
Pharmacy Name	
Date of visit	

If possible, please take a photograph of the pharmacy exterior and the opening hours.

Information observable outside the pharmacy

What information is available from outside the pharmacy?

	Yes	No
Pharmacy opening days/hours		
If the pharmacy is closed over lunch time		
Where to go or who to contact if the pharmacy is closed *If Yes, please record where people are directed to:*		

Is there any external signage or visible information indicating if the pharmacy offers the following services?

	Yes	No
Medicine delivery service		
Emergency contraception		
Oral contraceptive		
Disposal of unwanted medicine's		
Advice on smoking cessation		
Advice on weight management		
Flu and/or Covid 19 vaccinations		
Travel vaccinations		
Ear wax removal/Micro suction		
Needle disposal or exchange		
Having a medicine review		
Receiving a blood pressure check		
Access screening (cholesterol/blood sugar)		
Sexual health services		
Disposing of old medicines		
'Pharmacy First'		

Accessibility observable outside the pharmacy

Please observe and record the external accessibility of the pharmacy:

	Yes	No
Is there a clear entrance to the premises		
Clear and step-free access to the pharmacy door *Can you cross the threshold without lifting your feet*		
Automatic entry door with a clearly placed button		
Manual/traditional entry door		
Accessible bell or entry phone for anyone experiencing challenges getting in		
Door opening wide enough for all users		

Please describe the external accessibility of the pharmacy:

i.e. what does the access look like? Are there stairs? A slope? Is there parking or a bus stop within visible distance? Does the door appear wide enough to accommodate a wheelchair?

Services observable inside the pharmacy

Please observe and record if the pharmacy has any of the following:

	Yes	No
Clear, unobstructed path from the door to the counter		
Aisles, corridors and areas free of obstacles and wide enough for wheelchairs		
Consulting room (dedicated space separate from public areas of the pharmacy premises)		
Seats for patients whilst waiting		
Waiting spaces for people with mobility impairments or wheelchairs		
Counter low enough for wheelchair users to be assisted		

Please describe the internal accessibility of the pharmacy:

i.e. what does the access look like? Are there steps? A slope?

What information is visible in the pharmacy on:

	Yes	No
How to access British Sign Live (BSL) support		
How to access translation or interpretation services		
Whether a hearing loop is available		
How to connect to the hearing loop		
Access to alternative formats such as Easy Read and/or visual impairment friendly		
The name of the pharmacist working that day		
The name of other staff working that day		

Information observable inside the pharmacy

Is there any signage or visible information indicating if the pharmacy offers the following services?

	Yes	No
Medicine delivery service		
Emergency contraception		
Oral contraceptive		
Disposal of unwanted medicine's		
Advice on smoking cessation		
Advice on weight management		
Flu and/or Covid 19 vaccinations		
Travel vaccinations		
Ear wax removal/Micro suction		
Needle disposal or exchange		
Having a medicine review		
Receiving a blood pressure check		

Access screening (cholesterol/blood sugar)		
Sexual health services		
Disposing of old medicines		
'Pharmacy First'		

If 'Pharmacy First' is delivered here, is there information on display which of the 7 eligible conditions they can treat?

	Yes – eligibility info shown	Yes – no eligibility info shown	No
Acute otitis media (Ear infection)			
Impetigo			
Infected insect bite			
Shingles			
Sinusitis			
Sore Throat			
Urinary tract infections			

Please describe how the information is presented:

Please observe and comment on the signage within the premises

	Yes - all	Yes - some	No
Are signs generally simple, short and easy to read?			
Are signs well lit?			

Do signs have good contrast between the text and the background?			
Are signs at an appropriate height for wheelchair users?			
Are signs placed at key decision points for someone who is trying to navigate the premises for the first time?			

Observations of staff/patient interaction

Please observe staff interactions with customers for 10-15 minutes and make notes of what you see.

Does anyone struggle with accessing (getting into) the pharmacy?

Are staff speaking to customers in a polite, friendly and helpful manner?

Is there a queue? If yes, how long?

Do customers have to wait long?

Is anyone using the consultation room?

Observations:

Any other comments/observations of the pharmacy

Appendix 2: Questions

Your experiences of community pharmacy

Name of Pharmacy	
Date and time of visit	
Name of volunteer/staff member	

What is the purpose of your visit to the pharmacy today?

Prompts: were you able to get what you came for? If not, why? Did a service direct you here or did you choose to come?

Please tell us about any positive experiences you have of using pharmacy services in the last 12 months

Prompts: what worked well? What didn't?

Thinking about your visits to this pharmacy in the last 12 months, how satisfied are you with:

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
Your ability to physically access the premises				
Opening hours				
Waiting times				
Availability of medication				
Advice and information				
Feeling listened to				
Privacy				
Condition of the consulting room (if used)				

During the last 12 months have you always been able to access what you need from local pharmacy services?

Have you used 'Pharmacy First'? If yes, what was your experience?

Prompts: Have you heard of it? What did you use it for? Did you use it here, or at another pharmacy? Were you happy with the service?

In the last 12 months, have you always been able to access any medication you've been prescribed?
(e.g. your medication was not available or out of stock)

Yes – all the time	Yes – some of the time	No	Not applicable

If you answered no, what medication were you unable to access? And did this have an affect on your health or wellbeing?

In the last 12 months, have you tried to access a pharmacy outside of normal working hours?
(i.e. after 6pm on weekdays, weekends, and bank holidays)

Yes	No	Unsure

If you answered Yes, what was your experience?

Please tell us about any challenges or barriers which make it difficult for you to access or use pharmacy services?

Have you ever chosen not to get a prescription because of the cost?

Yes – more than once	
Yes – once	
No	
Unsure	
Not applicable – I am exempt from prescription charges	

What changes would improve your experience of pharmacy services?

Overall, how would you describe your experiences of using pharmacy services in the last 12 months?

Very good	Good	Poor	Very Poor

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