



CPNI Contractor Survey

Key Findings

February 2025

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Background

- The aim of the survey was to gather data based on the views of the network arising from increasing feedback from contractors on the challenges they are facing.
- The survey was designed to capture the views of the local community pharmacy network on a range of aspects including pharmacy services, staffing levels, IT provision, contractor experiences and future plans.
- Running over the course of a week (20 – 27 February 2025), a total of **76** respondents representing **246 contracts** (48% of full network) participated, with results providing valuable insights into the current community pharmacy landscape.

Quantitative data

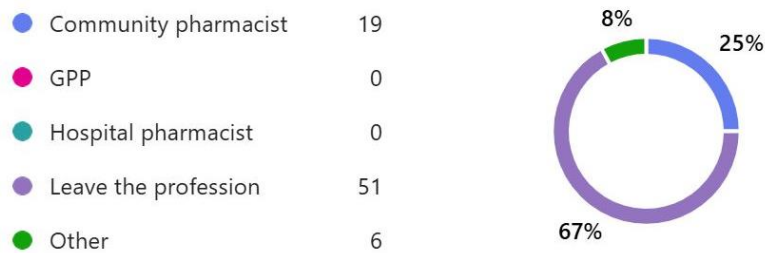
Demographics

- The largest proportion of respondents at **43%** fell into the 50-59 age bracket, with **25%** in the 40-49 age group and closely followed by **24%** in the 60+ cohort. Only **7%** of respondents were in the 30-40 age bracket, highlighting a lack of younger contractors.



Future plans

- For those aged over 55 (44 respondents), **41%** plan to retire in the next 1-5 years and **29%** in the next 5-10 years.
- For those who intend on selling their pharmacy if they can get a fair price:
 - **67%** would leave the profession altogether
 - **25%** would work as a community pharmacist



- **81%** of survey respondents would not recommend becoming a community pharmacy contractor.

Reasons given include:

- Stress, underfunding, not recognised as an integral part of the NHS
- Stress consuming, demoralising
- Severe pressure impacting on mental health and personal life
- Love their profession but extremely stressful currently



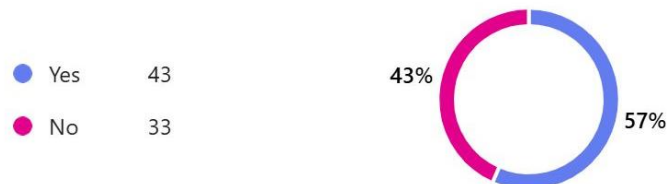
- **96%** of survey respondents do not feel valued by the health service.

Funding Model

- **79%** are of the view that the removal or reduction of clawback is the single biggest change to the funding model of community pharmacy that would make a positive change.
- **92%** of respondents stated that increased/stable funding would improve their position as a pharmacy contractor.

Wholesaler Bills

- **43%** of respondents have been unable to pay their wholesaler bills on time in the last 6 months.



Contractors have had to:

- Seek credit extensions
- Subsidise the pharmacy with personal savings
- Stagger payments and purchase between various wholesalers
- Miss/defer payments resulting in medicines being withheld until the account was settled
- Borrow from family
- Seek extension to overdraft facilities
- Use credit cards or own money
- Extension of loans at an increased cost/higher interest rate
- One pharmacy closed a contract down at end of February 2025

Staffing

Data from those who have responded show the following:

- Employ over **2000 full and part-time employees** (excluding pharmacists)
- Employ **315** full-time pharmacists and **164** part-time pharmacists

Future Services

If additional services were fairly funded, respondents were asked which services community pharmacy could provide to extend Pharmacy First and alleviate primary care pressures.



Qualitative responses

Mental health

- *I have had a wonderful career, **but the pressures are colossal**. The stress and workload of continually working at a loss are immense and unsustainable. I had always planned to pass the pharmacies on to the next generation. However, I am really stressed about this as I am not sure if I want to **burden them** with it and they are now unsure if they really want to take on such a difficult business model.*
- *The personal pressure on the contractor is immense. You are the person everyone turns to for solutions. **Many contractors are stressed and under so much pressure that they can't sleep, and they are risking their mental health.***

Next generation

- *I recommended community pharmacy to my children when choosing university courses, based on Department of Health promises to improve the clinical focus of the role and provide fair and reasonable funding. My 2 pharmacist children are now in their mid to late twenties and are **disillusioned with the profession as we struggle to keep the lights on**. Looking back, I would have recommended a career with greater job satisfaction, remuneration and work-life balance.*

Fears for the future

- ***There is increasing pressure, uncertainty and anxiety about whether I can continue to provide the safe and effective healthcare service that I have been delivering to my community for over 30 years.** The increase in costs - especially minimum wage (33% in 24 months) and now in April I will have to find another £22,000 for the next 12 months. This on top of a reduction in what I am being paid for dispensing medicines.*

New contractor

- *I was full hope when I bought my pharmacy, I knew that I had found a passion and now I could really make a difference by leading a team. **Within 4 years I feel dejected and almost like I've failed.** Hopefully things will change. **I haven't lost my energy but it's waning.** If I could take home a fair wage, I would be much happier. Now I am relying on my husband's wage to pay for things. Sad but true.*

Changing roles

- *It is an extremely difficult and thankless task. We have kept primary care running and yet as usual we are treated as second class citizens. **I am dealing with more and more complex consultations as patients feel they are unable to get seen elsewhere. I have red flagged several patients for different conditions and have been thanked by them for saving their lives, in their words.** These unscheduled consultations are keeping primary care afloat, but it is work that whilst we will gladly do, we are completely unpaid for and get zero recognition for.*

Passion for the role

- *I have loved my job despite the constant stress and can only hope for better times and **realistic funding** in the future.*
- *It's a lovely profession I very much hope increased funding will lift pressures and it will return to former enjoyment.*