D CONSUMERS' USE OF PRESCRIPTION PHARMACIES IN THE UK

Summary

Introduction

D.1 As part of the OFT pharmacy investigation the OFT wished to understand consumers' experience of the use of prescription pharmacies in the UK. We, therefore, commissioned a consumer survey. This study was commissioned for the investigation. It is the responsibility of the author and any views expressed in it are those of the author and not necessarily of the OFT.

D.2 Working to a research requirement provided by the OFT the market research company **FDS International Ltd** conducted a telephone survey of UK residents based on a sample generated by random digit dialling. The survey took place in the period 18-27 July 2002. The intention was to sample randomly from households throughout the UK.

D.3 The full report by **FDS International Ltd** is attached. This Summary describes the methodology employed and outlines the principal findings of the survey.

D.4 The total sample consisted of 1431 household interviews. Full interviews were obtained from 1,000 households where at least one member of the household had experience of receiving and having a NHS prescription dispensed in a period of six months prior to the interview. In the other cases, the interview was limited to a few simple details about family size and structure and was terminated early.

D.5 Full interviews consisted of a questionnaire with roughly 40 questions. These asked consumers how they behave when having prescriptions made up and how they choose and use pharmacies both for prescriptions and other pharmacy products including over the counter medicines (OTCs). Some questions asked about their shopping habits more generally. The full questionnaire is included in the survey report.

Sampling issues

D.6 Random digit dialling telephone surveys are unable to include the increasing percentage of the UK population that does not have an ordinary domestic telephone, estimated by OFTEL at nine per cent in August 2002. Historically, this proportion was considered likely to contain more elderly, poor and disadvantaged households.

D.7 Today, however, OFTEL estimates that just one per cent of consumers has no access to any telephone, but eight per cent choose to use only mobile phones. This group is heavily dominated by the young (aged 25-34 years) and very young (aged 15 to 24 years) though tending to be low income (under £9.5k) rather high. OFTEL suggest they are attracted to the flexibility and greater ability to control costs offered by pre-pay mobile telephones. Full details may be found in the OFTEL report. (Source: OFTEL: Consumers' use of fixed telecom services: Residential survey Q10: August 2002)

D.8 While it is not ideal to miss this part of the population, they are drawn from an age range that characteristically are not heavy users of prescriptions. No attempt was made to make any compensating adjustments or weighting of the results. The results therefore contain small inherent biases, though not to a degree that is considered likely to have serious impact on the conclusions.

D.9 The results were re-weighted to adjust for a degree of under-representation from the London area compared to other UK economic regions, but in all other respects were reported directly as observed.

General findings

D.10 In 70 per cent of households contacted at least one member reported having a prescription made up within a period of last six months prior to the interview. On average each household had 10.5 prescriptions each year (though from household to household this number was highly variable), with an estimated 2.2 items per prescription. Overall, this equates to approaching 600 million prescription items per year being dispensed in the UK compared with official estimates of around 700 million for 2000/01.

D.11 The difference can be accounted for in the following ways:

- People in good health who have prescriptions only infrequently and who did not have a prescription made up in the six-months prior to the interview.
- Prescriptions issued to people in care homes and other residential institutions. These were not covered by the survey.
- A difference owing to memory lapse and to members of the household not being entirely aware of the prescription using behaviour of other members of the family.

D.12 With due allowance for these factors, and the presence of estimation errors, the results from the survey appear broadly consistent with NHS national data.

D.13 Compared to the UK population in general, those reporting having prescriptions made up were more likely to be elderly. 22 per cent of the sample were between 60 and 70 years of age, and 17 per cent over 70 compared with 10 per cent and 11 per cent in the UK population generally. In addition, 13 per cent of the sample described themselves as disabled or infirm.

D.14 Those people enjoying one or other form of exemption from prescription payments made up 65 per cent of the sample. Combining this figure with the estimated 70 per cent having a prescription in the previous six months suggest around 46 per cent of the population overall qualifies for exemption, a result generally consistent with the Department of Health estimate of 50 per cent for England and Wales.

Having prescriptions made up

D.15 When having prescriptions made up respondents proved to be creatures of habit. 94 per cent said they have a 'usual chemist'. In the event only 88 per cent used their 'usual chemist' on the last occasion that they had a prescription made up with some 6 per cent using somewhere different for various reasons.

D.16 In eight cases out of ten the prescription being dispensed was for the person going to the pharmacy. Where the prescription was for another person, cases divided roughly equally between children and other adults, and the other person was almost invariably a relative, if not always resident at the same address.

D.17 Of those interviewed, about half (48 per cent) reported going directly from the doctors surgery to the pharmacy to have the prescription made up, with about three in ten (29 per cent) coming from home. Most reported enjoying convenient access to their chosen pharmacy, from their normal point of departure. 56 per cent reporting it as within a short walk and a further 22 per cent going further than a short walk but less than one mile.

D.18 But many people reported enjoying good access from a variety of starting points. Not only did 89 per cent consider it easy to get to their pharmacy from home, but 86 per cent thought it easy to get to from the doctors surgery, 61 per cent easy to get to from where they shop for food, and 58 per cent easy to get to from work. Convenient location is therefore a key concern – important or very important to 91 per cent of those taking part in the survey, and rated ahead of being close to the doctor's surgery.

Buying pharmacy medicines

D.19 Roughly six in ten (62 per cent) reported buying pharmacy medicines, with 11 per cent buying at least monthly. Compared with people's choice of chemist for prescriptions, a lower proportion choose independent pharmacies (40 per cent) and a higher proportion choose Boots (17 per cent) or supermarket outlets (12 per cent).

D.20 The choice of chemist for pharmacy medicine is driven mainly by convenience and locality (62 per cent) but also by the availability of staff who can offer advice (23 per cent). About a third (32 per cent) reported choosing independents because of the advice the chemist can give them. Boots strength lies in the better range/selection of pharmacy items available (18 per cent).

Seeking advice

D.21 Approaching three-quarters (72 per cent) of recent prescription recipients have at some time asked their pharmacist for advice, though most only seek advice occasionally. The advice is highly regarded by all ages and demographic groups with 75 per cent considering it to be very helpful and 23 per cent quite helpful.

Shopping for related products

D.22 Shopping habits for products that might be bought from a pharmacy proved rather variable. For example, nearly everyone was found to buy toiletries (97 per cent) and off the shelf medicines (90 per cent), and most bought perfume, after-shave and cosmetics (80 per cent). In contrast, only a small proportion bought contraceptives (23 per cent), dietary products (20 per cent) or baby products (20 per cent).

D.23 In a similar fashion, the likelihood of buying such products from a pharmacy varied, with higher proportions usually buying contraceptives (55 per cent) and off the shelf medicine (52 per cent) than baby products (23 per cent) and toiletries (13 per cent). Note, however, that among those people having larger numbers of prescriptions made up (11+ per annum) the proportions usually buying from a pharmacist were higher for most product categories though the differences were sometimes marginal.

D.24 The reasons for choosing to buy from a pharmacy or from elsewhere exhibited a conventional mix of outcomes. For some consumers buying some products locality and convenience were important, for others product range was important, and for off-the-shelf medicine (or GSLs) and dietary products the availability of advice was important. In other cases, preference was shown for it being easier to buy the product at the same time as main shopping or simply being cheaper.

D.25 The evidence points to consumer behaviour in the market for these products operating in a normal way.

Concerns about local closure

D.26 19 per cent of those interviewed expressed serious concerns about the consequences if their local pharmacy closed. In the event, many members of this group showed evidence that they would not be unduly inconvenienced, either because they were regularly shopping at locations like town centres where alternatives could easily be found, or because they were able to drive. (In Great Britain there is an average of 77 other community pharmacies within a 15-minute drive time of a community pharmacy. See annexe J: Section 5.2 for full details).

D.27 However, such concerns are not unimportant. Regardless of the location of pharmacies, there will always be a core group of people who, because they are housebound or suffer significant mobility problems, find getting to a pharmacy difficult regardless of its proximity. For such individuals, the need to rely on others may be lessened by further development of services like collection and delivery schemes.

Conclusions

D.28 The population having prescriptions made up does not reflect the UK population generally, but as might be expected includes higher proportions of elderly and infirm citizens.

D.29 There are some differences in behaviour between subgroups, with those in receipt of higher numbers of prescriptions showing a tendency to use pharmacies for other purchases more often than average.

D.30 Current access to pharmacies is good, with high proportions of respondents enjoying convenient access to their chosen pharmacy. From their normal point of departure 56 per cent of respondents reported it as within a short walk and a further 22 per cent going further than a short walk but less than one mile.

D.31 When purchasing pharmacy medicines, compared with people's choice of pharmacists for prescriptions, a lower proportion choose independent pharmacies and a higher proportion choose Boots or supermarket outlets

D.32 Among other retail products sold by pharmacies, consumers exhibit a range of conventional behaviour with respect to choice of product, outlet and other reasons for purchase.

D.33 Roughly 20% of respondents expressed serious concerns about the consequences of local closure, though in the event not all the concerns could be justified. Nevertheless, the problems of the housebound and those with mobility difficulties are genuine.

OFFICE OF FAIR TRADING

SURVEY ON USAGE OF PRESCRIPTION PHARMACIES IN THE UK
REPORT

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MANAGEMENT SUMMARY

There are currently around 12,000 retail pharmacies in the UK and this total is relatively static. The OFT commissioned FDS International to undertake research amongst consumers cashing NHS prescriptions in order to measure the effects of government controls on the number of new entrants and to assess how well the sector is serving the population.

1431 Computer Assisted Telephone Interviews (CATI) were conducted with a representative sample of UK households employing random-digit-dialling, resulting in 1000 interviews with recent (last six month) cashers of NHS prescriptions. In households with more than one qualifying adult, the person next celebrating their birthday was selected. Interviewing was conducted between 18th and 27th July 2002 during the evening and at weekends from FDS's London and Newcastle telecentres.

Seven in ten households have at least one member who has cashed a prescription in the last six months. The average number of prescriptions cashed per annum is 10.5 and the average number of items appearing on prescriptions is 2.2.

The majority are cashing for themselves. Two thirds of cashers are women and seven in ten are aged 45 or over compared to four in ten in the population.

Usage of chemists is habitual. Few claim not to have a usual chemist. Half use independents. Boots and Lloyds are significant named chemists. Chemists attached to surgeries are also of importance.

Half normally come straight from the doctors surgery to cash prescriptions, three in ten come from home.

Locality and convenience are key in choice of prescription chemists. Chemists are easy to get to from the doctors and from home. Most travel less than one mile and walk or drive.

Over half have chemists situated in a local parade of shops; a third, in the high street, town centre and a small minority, in an out of town shopping centre. Where people shop generally does not seem to influence the location of their usual chemist since most are coming from the doctors or from home.

There is interest in a pharmacy collection and delivery service especially amongst the elderly and infirm. This is not surprising given that four in ten adults having prescriptions taken in for them suffer disability or infirmity.

The majority ask their pharmacist for advice and find it useful.

Pharmacy items are bought by most. Independents and Boots are first choice for pharmacy items.

Contraceptives, GSL items and holiday products are usually bought from a chemist rather than anywhere else. The pharmacist's advice is important in persuading consumers to buy GSL items from a chemist while a perceived better range is important in choice of chemist for holiday products.

If the local chemist were to close most have alternative sources but they would miss the familiarity of their chemist and a substitute may not be as near or convenient.

A large minority (35%) of the elderly and infirm were of the opinion that the closure of their local chemist would be a real problem.

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September 2002

CONTENTS

1 INTRODUCTION

Since 1987, all pharmacies have had to obtain a contract from their Local Health Authority (or Health Board in Scotland and Northern Ireland) before they can dispense NHS prescriptions. This procedure restricts the number and locations of pharmacies.

Currently there are around 12,000 retail pharmacies (or "Community Pharmacies") in the UK with such contracts, and this total is relatively static. For most of these pharmacies, NHS dispensing accounts for a large proportion of their business. Around 700 million NHS prescription items were dispensed in the UK in the year 2000 (85% of which were free to patients), at a cost to the NHS of around £7 billion (or around 12% of the total NHS spend).

The Director General of Fair Trading has a general duty under Section Two of the Fair Trading Act to keep under review activities that may be detrimental to the economic interests of consumers. Under these powers the OFT is investigating the effects of regulations relating to the entry of new pharmacies, and exploring how well the retail pharmacy market is serving consumers.

FDS conducted a survey amongst a representative sample of adults who have cashed a NHS prescription in the last six months to look at behaviour regarding cashing of prescriptions. The primary objectives of this study were to:-

- establish quantitative estimates of prescriptions cashed and examine the profile of consumers cashing NHS prescriptions
- explore differences in behaviour between subgroups e.g old versus young, disabled/infirm versus able bodied
- examine factors influencing choice of pharmacy for prescription medicines
- compare relative strengths of pharmacies versus other retail outlets in product sectors available from pharmacies
- look at how far people travel to pharmacies and where they are located
- assess how well the pharmacy sector is serving the population.

A copy of the questionnaire used can be found in the Appendix.

Method

1431 Computer Assisted Telephone Interviews were conducted with a representative sample of all UK households employing random-digit-dialling. Interviewing took place between 18th and 27th July 2002 from FDS International's London and Newcastle Telecentres and was carried out from 5pm to 9pm on weekday evenings and 10am to 6pm on Saturdays to ensure working people were adequately represented.

If any member of the household had cashed a NHS prescription in the last six months, a full interview was conducted with this person.
If more than one household member had cashed a prescription, the full interview was conducted with the person who celebrated their birthday next.

Respondents were always the casher, which in most cases (80%) happened to be the recipient of medicines as well. In those cases where the casher was cashing for someone else, we still interviewed the casher but also obtained information on the recipient (ie age, sex whether disabled/infirm, relationship to casher)

The target quota of 1000 full interviews was achieved after contacting 1431 households, giving a household penetration rate of 71% for cashing prescriptions in a six month period. Demographic information was captured for all respondents including the 431 'non cashing households'.

The 1431 households contacted were weighted to the UK demographic profile in terms of government region, household size and social class as shown in the table below:-

Table: 2/1: Achieved sample profile compared with UK profile

	Achieved	UK Profile and weights used
Government Region	%	%
London	7	12
South East	15	14
South West	9	8
Eastern	11	9
West Midlands	10	9
East Midlands	7	7
Yorkshire/Humberside	7	8
North East	5	4
North West	11	12
Scotland	9	9
Wales	5	5
Northern Ireland	3	3
Household Size	%	%
1	22	28
2	35	35
3	15	14
4 or more	24	19
Refused	4	4
Social Class	%	%
AB	20	21
C1	29	25
C2	20	20
DE	22	25
Refused	9	9

Having weighted the overall '1431' contact sample to be representative of all UK households, there was no need to conduct any further weighting. Recent prescription cashers in the household are interviewed and their demographic profile is established.

The birthday rule being applied in the case of more than one recent prescription casher ensures that the profile is not skewed toward people who tend to pick up the phone in households.

2 DETAILED FINDINGS

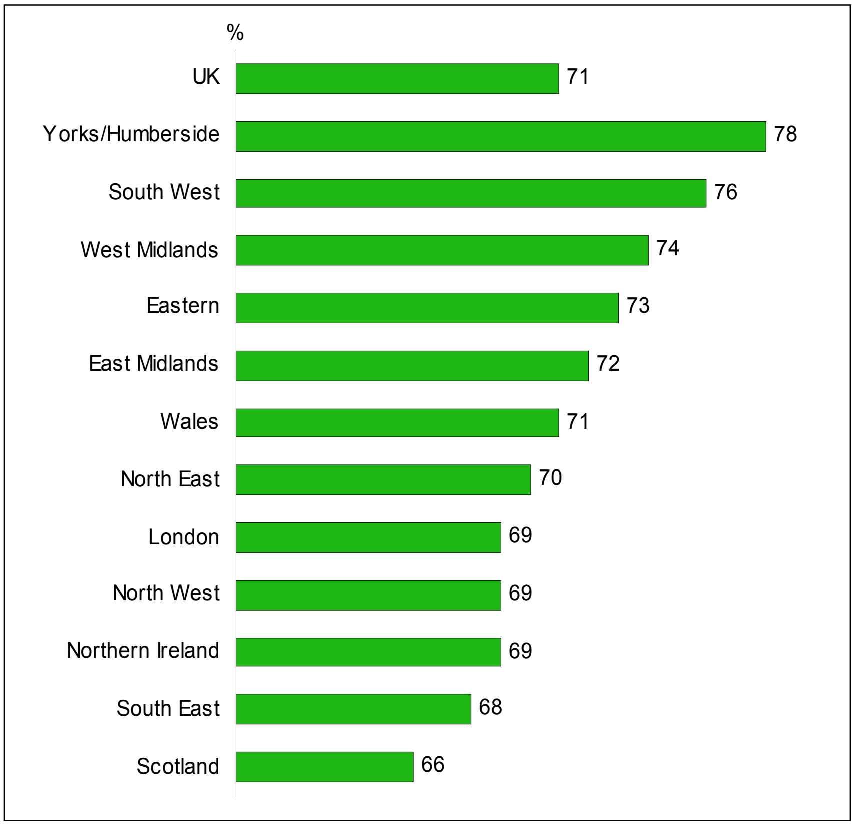
2.1. INCIDENCE OF CASHING PRESCRIPTIONS

The chart below shows the incidence of households where at least one member has cashed a prescription in the last six months for the UK as a whole and for each of the Government's standard regions.

In seven-in-ten households, at least one member has cashed a prescription in the last six months. This varies by region with Yorkshire/Humberside showing the highest incidence (78%), followed by the South West (76%), West Midlands (74%) and Eastern (73%).

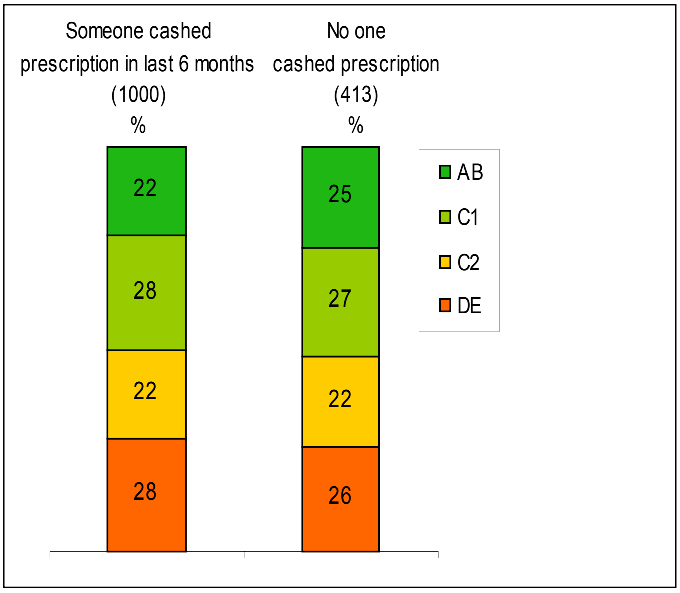
The household incidence of prescription cashing in the last six months is lowest for Scotland (66%) and the South East (68%).

Chart 3.1/1: Incidence of prescription cashing
(Base: All)



The 413 respondents from non cashing households were asked for the occupation of the chief wage earner in the household along with the 1000 from cashing households. The chart below shows that the social class profile of cashing households is not dissimilar to that of non cashing households. There is a marginally greater proportion of ABs and lower proportion of DEs amongst non cashers but this is not significant.

Chart 3.1/2: Profile of prescription cashing/ non cashing households by social class
(Base: All - less refused)



We also asked whether anyone in the household had obtained a prescription from the doctors in the last six months but in the end, did not cash it. This was true in 4% of households and the main reasons for not cashing the prescription were that the recipient got better (57%) or the condition was not considered serious (14%). These reasons and others are shown in the table below.

Table 3.1/3: Reasons for not cashing prescriptions issued in the last six months
(Base: All recipients of prescriptions not cashing)

Got better	57%
Condition not serious	14%
Didn't want to pay prescription charge	10%
Just haven't got round to it	6%
Chemist didn't have the medicine	3%

The table below shows the average number of prescriptions cashed per annum by the sample of cashers in the last six months. The average number is 10.5. There is a marked regional variation with Yorkshire/Humberside at the top of the regional table, showing a rate almost double that of London (16.3 compared with 8.5). There seems to be a geographical pattern evident with the number of prescriptions per annum generally increasing the further North one goes with the exception of Northern Ireland which shows the second to lowest rate of prescription cashing. This may be explained by a younger age profile of those interviewed in Northern Ireland.

Those living in villages tend to cash more prescriptions a year (12.2) than those living in cities and large towns (8.5).

There is no difference between men and women but not surprisingly, there is a marked difference between the old and the young with the rate increasing with age. While the 71+ age group cashes an average 13.0 prescriptions a year, the 16-34 age group cashes only 6.4. Prescription cashing also rises through the social class groups from 9.3 amongst ABs to 12.3 amongst DEs.

Table 3.1/4: No. of prescriptions cashed per annum

Region:	
Yorkshire/Humberside	16.3
North West	12.2
North East	11.0
Scotland	10.3
East Midlands	10.2
West Midlands	10.1
Wales	9.9
South East	9.6
South West	9.4
Eastern	8.7
Northern Ireland	8.6
London	8.5
Social class:	
DE	12.3
C2	11.0
C1	9.5
AB	9.3
Age:	
71+	13.0
60-70	12.6
45-59	10.6
35-44	8.8
16-34	6.4

The average number of prescription items appearing on the last prescription is 2.2. As with total number of prescriptions cashed in a year, there are differences between demographic groups, the most pronounced being across age groups with prescriptions for the 71+ group having an average 2.9 items compared with only 1.6 items on those for the 16-24 year olds.

Numbers of items rises from ABs (2.0) through to DEs (2.5). There is also a regional variation with Londoners having on average more items on their last prescriptions (2.4) than the Welsh (1.9). There is no marked difference between men (2.4) and women (2.2).

Table 3.1/5: No. of items on last prescription

Region:	
London	2.4
South West	2.4
North East	2.4
West Midlands	2.3
Eastern	2.3
North West	2.3
Northern Ireland	2.3
Yorkshire/Humberside	2.2
Scotland	2.2
East Midlands	2.0
South East	2.0
Wales	1.9
Social class:	
DE	2.5
C2	2.2
C1	2.2
AB	2.0
Age (of recipient of medicine):	
71+	2.9
60-70	2.5
45-59	2.2
35-44	1.9
16-34	1.6

The chart below shows how key parameters have been used to gross up to an estimate of total number of prescription items cashed in a year.

In this survey, 49% of households had one member cashing a prescription in the last six months; 18% had two; 3%, three and 1%, four.

There are 24.3 million households in the UK. By multiplying the total number of households by the proportions of households with 1, 2, 3 or 4 cashing members and in turn doubling, tripling or quadrupling the result depending on the number of members cashing, a figure is obtained for the total number of cashing individuals in the last six months (23.8 million). This is multiplied by the average number of prescriptions cashed in the last six months (half the yearly rate) and the average number of items on the last prescription, giving a total of 278 million prescription items in the last six months. Doubling gives us an annual estimate of 556 million prescription items.

The OFT provided a statistic of 700 million items cashed in 2000. The difference is in part accounted for by the population of elderly people living in care homes who were not included in this survey. They could account for a further 30 million prescription items.

The larger part of the difference is probably accounted for by household members not being entirely aware of the prescription cashing behaviour of other members. Sometimes people do not want other family members to know about items they are receiving on prescription. In other instances, a family member may not have mentioned their medication because they do not think it important.

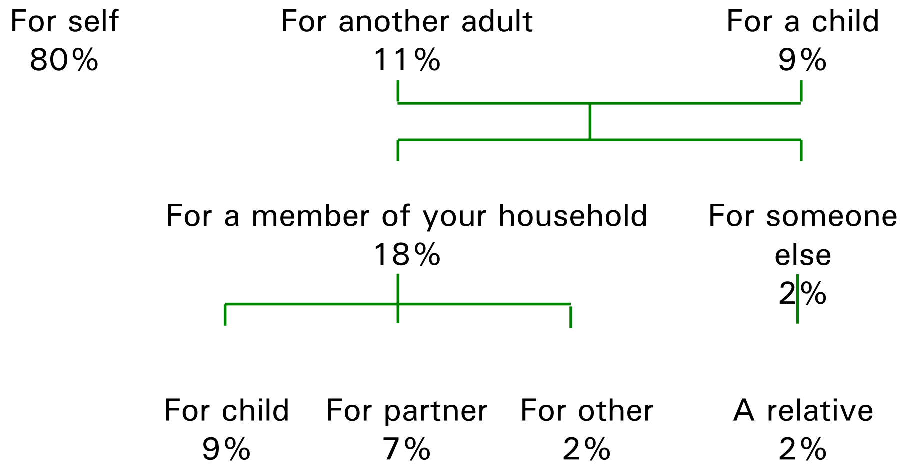
Chart 3.1/6: Number of prescription items cashed in last six months
(Base: All)

UK Households	Individuals		Average no. of prescriptions (over 6 months)	Average no. of items on prescription
24.3 million	x 0.49 (1 person) x 0.18 (2 people) x 0.03 (3 people) x 0.01 (4 people)	11.9m 8.7m 2.2m 1.0m		
	x 0.71	23.8m	x 5.23	x 2.23
		=	278 million in six months 556 million in twelve months	

2.2. CASHERS AND RECIPIENTS

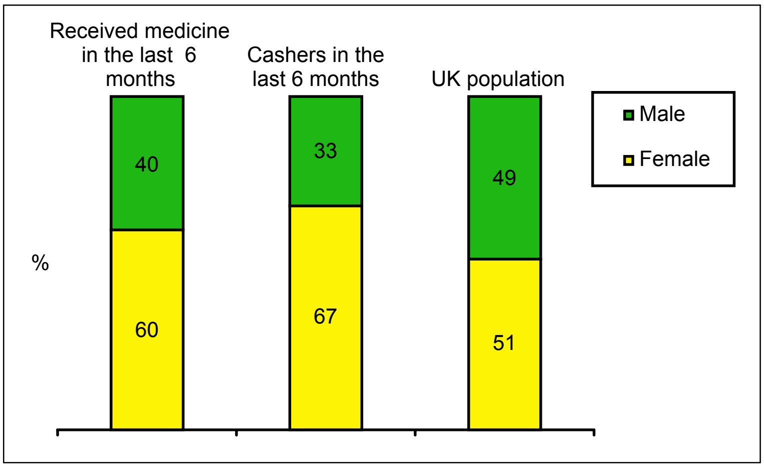
Eight in ten of recent cashers were cashing a prescription for themselves, 11% were cashing for another adult (most likely to be aged 45 or over) and 9% for a child. If they were cashing for someone else, it was invariably for another member of their household, in most cases their child or their partner. If they were cashing for someone in another household, this would be a relative, probably a parent. The tree diagram below summarises cashing behaviour for self and others with regard to the last prescription cashed.

Chart 3.2/1: Who cashed prescription for
(Base: All visiting a chemist to obtain NHS prescription medicines in the last six months)



The next two charts compare the gender profiles of recipients of medicine and cashers of prescriptions with the UK demographic profile. Six in ten recent prescriptions were made out to women. Two thirds of recent cashers are women.

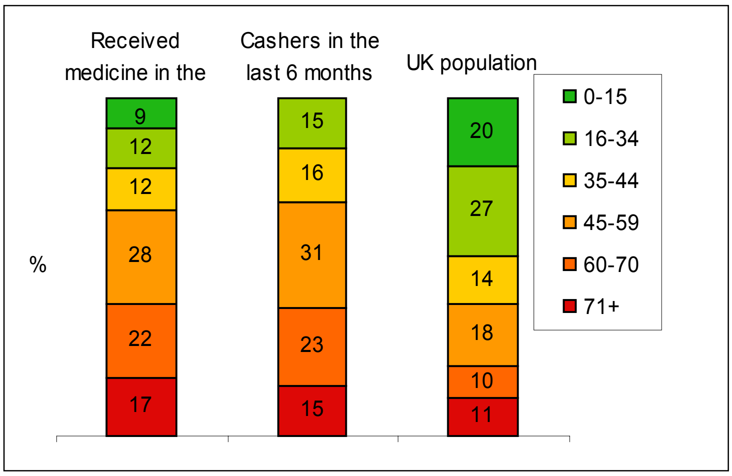
Chart 3.2/2: Profile of recipients and cashers of prescriptions - Sex



Below, the age profile of recipients and cashers is compared with that of the population. Not surprisingly a greater proportion of recipients (67%) and cashers (69%) are aged 45 and over compared to the UK population profile (39%).

Removing 0-15 year olds from the recipients base, raises the proportion of 45+ recipients amongst adults to 74%.

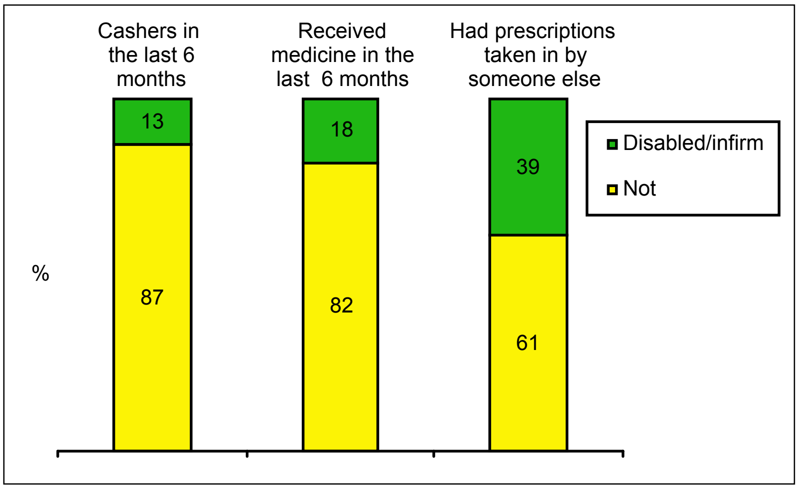
Chart 3.2/3: Profile of recipients and cashers of prescriptions - Age



The profiles below show that 18% of recently cashed prescriptions for adults were made out to people with a disability or infirmity. Amongst the profile of cashers, 13% would describe themselves as disabled or infirm.

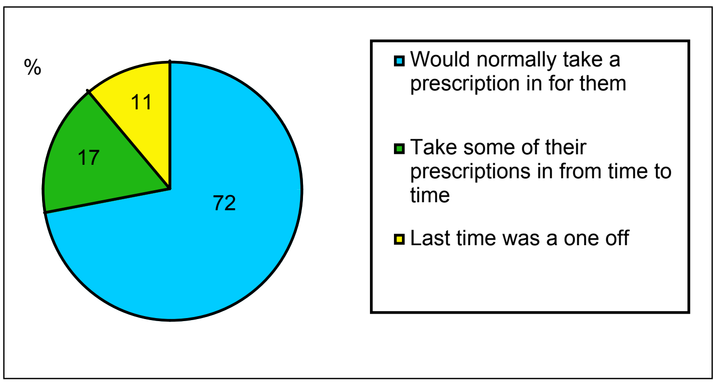
It is not surprising that the profile of cashers is skewed away from those with a disability/infirmity. Four in ten adults having prescriptions taken in for them. (39%) have a disability or infirmity (according to the casher) which makes it difficult for them to get to the chemist.

Chart 3.2/4: Profile of recipients and cashers of prescriptions – Disability



Just over seven in ten of those cashing for someone else claim that they would normally take a prescription in for this other person. One in six (17%) say they take some of their prescriptions in from time to time and one in ten (11%) said the last time was a one off. Those cashing for children (90%) and the disabled/infirm (83%) are more likely to be cashing prescriptions for them on a regular basis.

Chart 3.2/5: Cashing prescriptions for someone else
(Base: All cashing for someone else - 229)



2.3. REPEAT PRESCRIPTIONS AND PAYMENT EXEMPTIONS

2.3.1. Repeat prescriptions

Three quarters (77%) of the last prescriptions cashed in households where at least one member has cashed in the last six months, are made out to individuals on a repeat prescription. This varies by region with Scotland showing the highest incidence of last prescriptions made out to people on repeats (84%) and Wales, the lowest (67%). There is a significant difference by age of recipient with 44% of prescriptions made out to 0-15 year olds being for children on repeat medication and 94% of prescriptions made out to 71+ being for adults on repeat medication.

Table 3.3/1: Proportion of last prescriptions made out to different age groups being for people on repeat medication

0-15	44%
16-34	55%
35-44	64%
45-59	81%
60-70	89%
71+	94%

A high proportion of prescriptions made out to those from the DE social classes (86%) are for people on repeat medication.

Virtually all prescriptions made out to the disabled/infirm are for individuals on repeats (97%).

2.3.2. Paying for prescriptions

Two thirds (65%) of the last prescriptions cashed by households cashing in the last six months were exempt from payment

While 74% of the last prescriptions cashed by households in the South West and 73% of those cashed in the North East were exempt, a much lower 54% of those cashed in the South East were exempt.

A high 85% of prescriptions made out to the disabled or infirm and 84% of prescriptions made out to DEs were exempt. Prescriptions cashed in supermarkets were significantly less likely to be exempt (47%) than those cashed in other outlets.

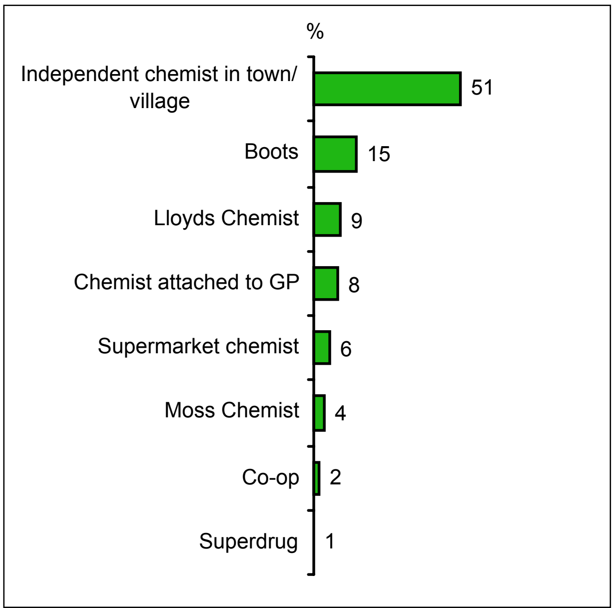
The vast majority (85%) of prescriptions paid for, were paid at the standard rate of £6.20 per item (£6.00 in Wales). 12% were paid at the discounted rate available to those with a 'season ticket'. This is higher amongst prescriptions made out to people on repeat prescriptions (18%).

2.4. USUAL/LAST PRESCRIPTION CHEMIST

Recent cashers were asked where they cashed their last prescription and whether this was their usual chemist. If not, they were asked for their usual chemist and the results were combined. The results for those without a usual chemist (6%) are based on the last chemist used.

Just over half (51%) usually use an independent chemist; 15% use Boots; 9%, Lloyds; 8%, a chemist attached to a GP and 6%, a supermarket chemist. There were lower mentions for Moss (4%), Co-op (2%) and Superdrug (1%).

Chart 3.4/1: Usual prescription chemist (or last chemist if no usual)
(Base: All cashing prescriptions)



There are regional variations with independents featuring even more strongly in Northern Ireland (75%) and the North East (65%). Boots does well in London (24%) and Lloyds in Wales (18%). 15% of those living in Yorkshire/Humberside and the South West usually visit (or last visited) a chemist attached to a GP. Chemists attached to GPs are also more important in village locations (14%). 9% in the Eastern region usually/last visited a supermarket chemist.

Heavy prescriptions cashers (11+ per annum) tend to use independents more (54%) and Boots less (11%) than those cashing 1-4 prescriptions per annum (47% and 18% respectively).

The table below compares the demographic profiles of different chemists' prescription customers. Those using supermarket chemists show a younger and more upmarket profile than those using other chemists. A quarter (25%) are aged 16-34 and one in five (20%) are aged 35-44. Three quarters (74%) are from social class groups ABC1. Boots also has a relatively high proportion of 16-34 year old cashers in its customer base.

The demographic profiles of prescription cashers using the other four main chemists are quite similar to each other and different from that of cashers using supermarkets.

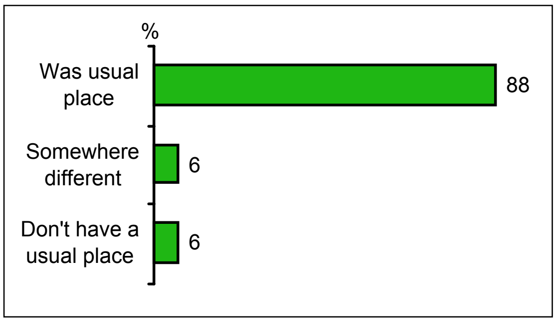
A comparatively high proportion of Lloyds prescription cashers have a disability or infirmity (19%) while a low proportion of cashers in chemists attached to GPs or in supermarkets are disabled/infirm (6%).

Table 3.4/2: Demographic profile of prescription cashers using the five main chemists.

	Independents (507)	Boots (151)	Lloyds (86)	Chemists attached to GP (83)	Supermarket chemists (55)
Sex:	%	%	%	%	%
Male	36	31	31	34	24
Female	64	69	69	66	76
Age:	%	%	%	%	%
16-34	13	19	15	15	25
35-44	17	12	21	17	20
45-59	31	31	27	33	35
60-70	23	24	20	25	14
71+	16	14	17	10	6
Social Class:	%	%	%	%	%
AB	21	24	18	27	35
C1	27	33	29	22	39
C2	23	16	30	22	13
DE	29	26	23	29	13
Disabled/Infirm:	%	%	%	%	%
Yes	13	12	19	6	6
No	87	88	81	94	94

The vast majority (94%) have a 'usual' chemist. The chemist last used to cash a prescription is invariably that 'usual' chemist (88%) but some where using a different chemist (6%).

Chart 3.4/3: Last chemist visited
(Base: All cashing prescriptions)

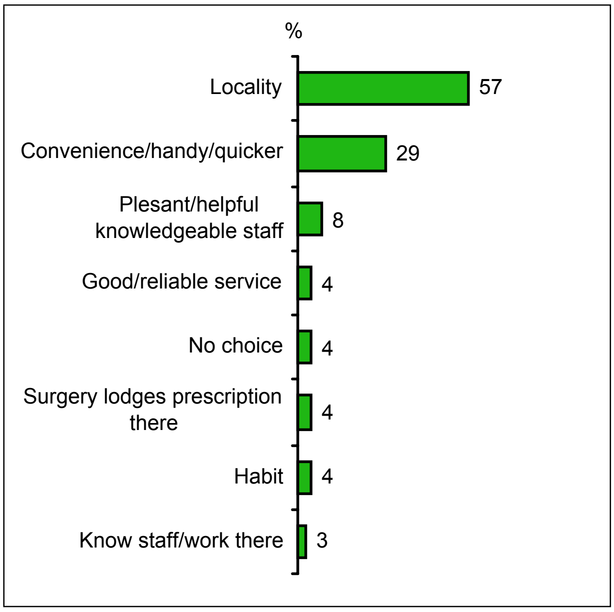


The main reasons for using a different chemist to the usual one last time were that they happened to be in town or passing another chemist (23%), their usual chemist was closed (21%), they were visiting friends or relatives (20%) or the other one was more convenient at the time (11%). There were a few mentions of the usual chemist being out of stock (5%).

While the vast majority claim to have a usual chemist, some groups are more likely not to have one than others, namely the younger age groups 16-44 (10%), Londoners (13%) and light prescription cashers (10%). A higher proportion of those last cashing in Boots or a supermarket chemist claim that this was not their usual chemist or that they don't have a usual chemist.

Recent cashers with a usual chemist were asked why they go to their preferred chemist. By far the most important factors determining choice of chemist are to do with locality (57%) and convenience/speed (29%). Other reasons for choosing a chemist are pleasant, helpful staff (8%); a good, reliable service (4%); not having any choice (4%); habit (4%) and knowing someone who works there (3%). The proportion saying they do not have a choice is highest in Scotland (8%) and the South West (7%).

Chart 3.4/4: Reasons for choice of outlet
(Base: All cashing prescriptions with a usual chemist)



The table below shows that locality is consistently important across all types of pharmacy outlet and retail chain as a factor determining choice.

Convenience and speed is more important for choosing supermarket chemists and chemists attached to surgeries than for other outlets. Users of supermarket chemists are cashing prescriptions while doing something else and users of chemists attached to surgeries may have their prescriptions lodged there by the surgery and thus avoid having to take them from doctors to chemist.

A particular strength of Boots is the good, reliable service.

Table 3.4/5: Reasons for choice of outlet
(Base: All with a usual chemist)

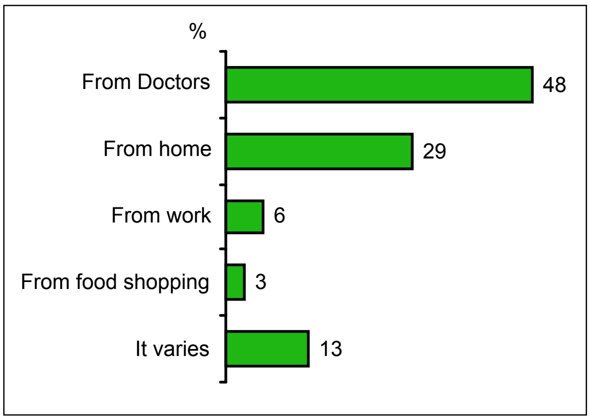
	Total (945) %	Boots (137) %	Lloyds (81) %	In super-market (50) %	Attached to surgery (81) %	Independent in town (487) %
Locality	57	42	60	54	49	61
Convenience/ handy/quicker	29	36	12	51	55	26
Pleasant/ helpful/ knowledgeable staff	8	3	7	6	2	8
Good/reliable service	4	9	4	5	3	4

2.5. ACCESS

In the vast majority of cases, the usual chemist is easy to get to from home (89%) and the doctors surgery (86%). Six in ten (61%) say their usual chemist is easy to get to from where they shop for food and just under six in ten of those working (58%) say it is easy to get to from work.

Half usually come straight from the doctors to cash a prescription (48%). Three in ten usually come from home (29%). A few come from work (6%) or after shopping for food (3%). One in eight have no fixed routine (13%).

Chart 3.5/1: Where come from to cash prescription
(Base: All cashing prescriptions)



The greatest likelihood to be coming straight from the doctors is in Yorkshire/Humberside (65%) and the East Midlands (62%).

Prescriptions for children are more likely to be taken straight from the doctors (63%).

Londoners and those with a disability or infirmity are equally likely to be coming from the doctors or home.

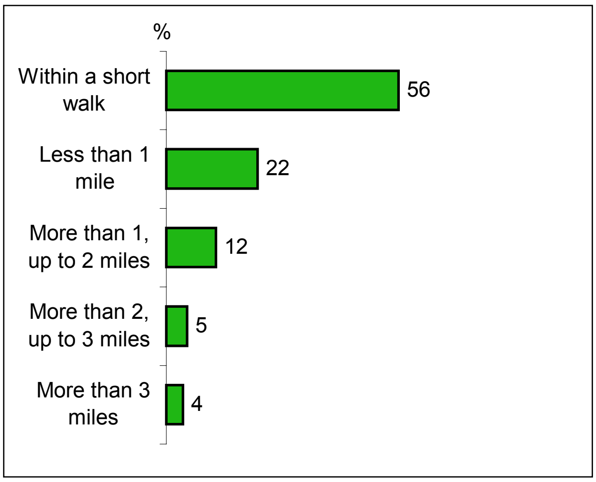
The incidence of coming from home increases with age (19% of the under 45s and 34% of the over 45s).

Boots is more likely to be visited from work (or popped out to at lunchtime) than other chemists (14%).

People do not have far to go to their usual chemist from the place they would normally be coming from. For 56%, it is within a short walk and for 22%, it is less than one mile. The mean distance travelled is a mere 0.8 miles.

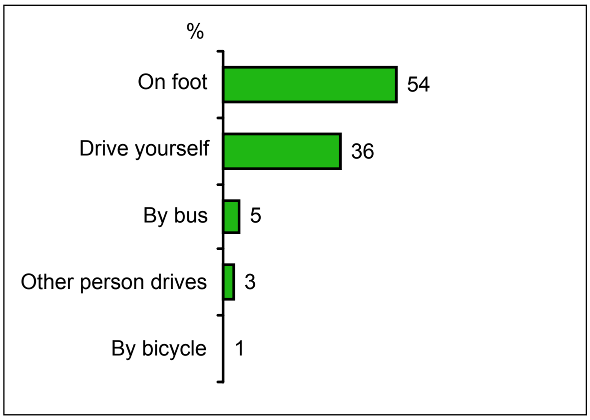
There are regional variations with those living in the South East (1.1 miles) and South West (1.0 mile) travelling the furthest distance and those in Yorkshire/Humberside (0.5m) and London (0.6) travelling the shortest distance.

Chart 3.5/2: How far travel to chemist
(Base: All cashing prescriptions)



For those usually coming straight from the doctor, the mean distance is only 0.5 miles, whilst those coming from home travel 1.1 miles on average. If coming from work, the mean distance travelled is 1.3 miles and from food shopping, it is 0.4 miles.

Chart 3.5/3: How usually travel to chemist
(Base: All cashing prescriptions)



54% usually walk to the chemist and 36% drive from the place they would normally be coming from. 5% travel by bus and 3% get a lift from someone else.

Modes of transport used to travel to the chemist vary with distance travelled. Three-quarters of those within a short walk, walk. If the chemist is less than a mile away, but further than a short walk,
46% walk and 40% drive themselves. For journeys over a mile, the proportion driving themselves rises to 71%.

Bus usage also rises, the further the chemist is away with 18% using buses for journeys of more than 2 miles.

Table 3.5/4: How usually travel to chemist
(Base: All cashing prescriptions)

	How far travel to chemist			
	Within a short walk (496) %	Less than 1 mile (189) %	More than 1 up to 2 miles (109) %	More than 2 miles (85) %
On foot	75	46	10	5
Drive yourself	21	40	72	70
By bus	2	5	10	18
Other person drives	2	6	6	6
By bicycle	0	1	1	0

Those travelling the furthest to their usual chemist (i.e. more than 2 miles) are more likely to be coming from home (55%) and less likely to be coming from the doctors (28%) than those whose origin is within a short walk of the chemist. 69% of those within a short walk are coming from the doctors and 20% are coming from home.

Table 3.5/5: Where come from to cash prescription
(Base: All cashing prescriptions (less those whose origin varies)

	Total (879) %	Within walking distance (496) %	Less than 1 mile (189) %	1-2 miles (109) %	2+ miles (85) %
From doctors	56	69	42	40	28
From home	33	20	49	52	55

From work	7	6	7	7	16
From food shopping	4	5	2	1	1

2.6. ATTITUDES TOWARDS CASHING PRESCRIPTIONS

Recent prescription cashers were read out a list of statements about cashing prescriptions and asked how much they agree or disagree with each, using a five point scale. Statements have been groups by theme with the first five being about access.

Virtually everyone agrees that 'convenience of location is important to them' with a quarter (27%) agreeing strongly and two-thirds (64%) agreeing. There is also a high level of agreement with 'I would prefer to use a chemist close to the doctor' (17% agreeing strongly and 51% agreeing).

There is interest in a collection and delivery service with 12% agreeing strongly and 43% agreeing that they 'would consider using a chemist offering collection and delivery'. Certain groups are more in favour of this service than others with the highest proportions agreeing they would consider it amongst:-

- the infirm/disabled (79%)
- 71+ age group (65%)
- Lloyds chemist users (64%).

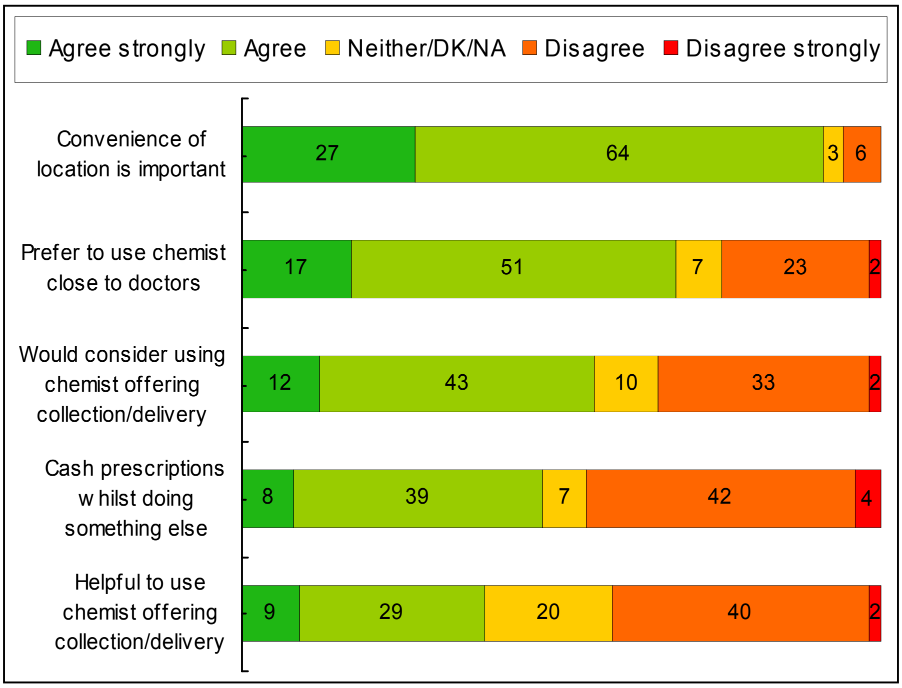
Opinion is more divided on the statement 'I tend to take prescriptions in at the same time as doing something else' with 47% agreeing and 46% disagreeing. There are higher levels of agreement amongst:-

- supermarket chemist users (74%)
- those from Northern Ireland (67%)
- Boots users (66%)
- those cashing for another adult (56%).

Opinion is also divided on the statement ‘it is helpful for me to use a chemist that offers a collection and delivery service’ with 38% agreeing and 42% disagreeing. Levels of agreement are highest amongst:-

- the infirm/disabled (76%)
- Scots (58%)
- 71+ age group (51%).

Chart 3.6/1: Agreement with statements: Access
(Base: All cashing prescriptions)



There are five statements to do with loyalty or inertia.

A high 83% agree that they have been going to the same chemist for ages. This is even higher amongst:-

- those from Northern Ireland (94%)
- Moss chemist users (93%)
- those from the West Midlands (92%)
- DEs (92%)
- users of independent chemists (88%).

Two-thirds (67%) agree that they always choose a chemist they know. Again, there are differences in response across sub-groups with agreement highest among:-

- those from Northern Ireland (82%)
- DEs (82%)
- those from North East (78%)
- those from Wales (74%)
- 60+ (73%)
- users of independent chemists (71%)
- payment exempt prescriptions (70%).

Just over six in ten (62%) agree that the chemist knows them. This is higher amongst:-

- those living in Northern Ireland (82%)
- those living in the North East (77%)
- users of chemists attached to GPs (75%)
- heavy cashers (11+ prescriptions pa) (75%).

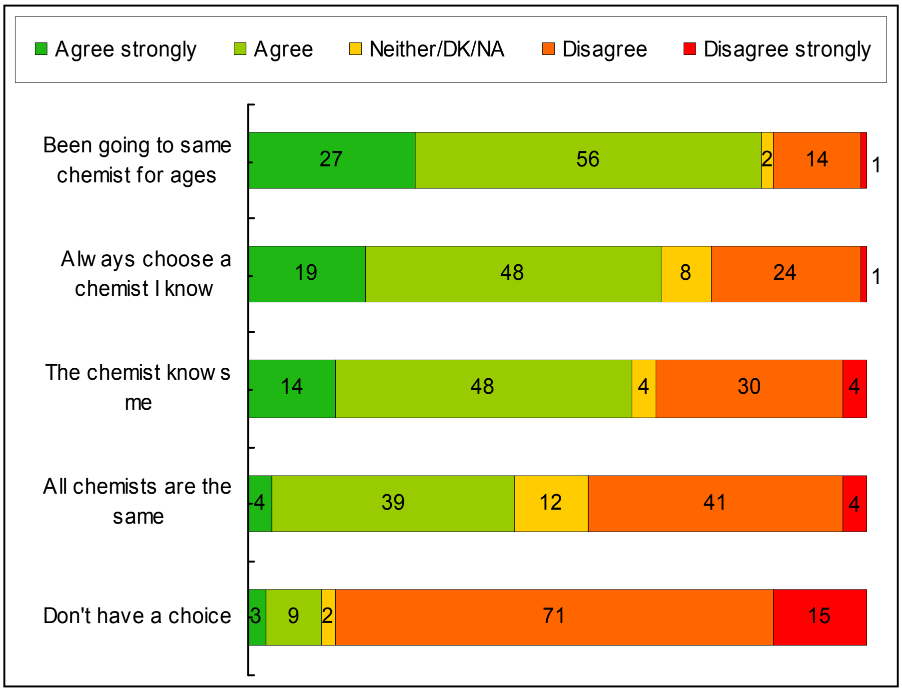
Opinion is divided as to whether 'all chemists are the same' with 43% agreeing with this statement and 45% disagreeing.

Only one in eight (12%) agree that 'they don't have a choice in which chemist to go to'. The proportion agreeing with this statement amongst certain sub-groups is higher, namely:-

- chemist attached to GP surgery (26%)
- disabled/infirm (21%)
- Moss (20%)
- DEs (20%)
- 71+ (20%)
- those living in villages (18%)
- South East (17%)
- South West (17%)
- Scotland (17%).

Patients on repeat prescriptions are able to phone through their requests and pick up their medicine from the chemist attached to the surgery. The printing off of repeat prescriptions, signing by the doctor and making up of the order are all carried out without them having to go to the surgery. Naturally if they want to continue taking advantage of this arrangement, they don't have a choice of chemist.

Chart 3.6/2: Agreement with statements: Loyalty/inertia
(Base: All cashing prescriptions)



The results for three other statements about choice of chemists are shown below.

A large majority (81%) agree that they go to the chemist that has prescription items they want.

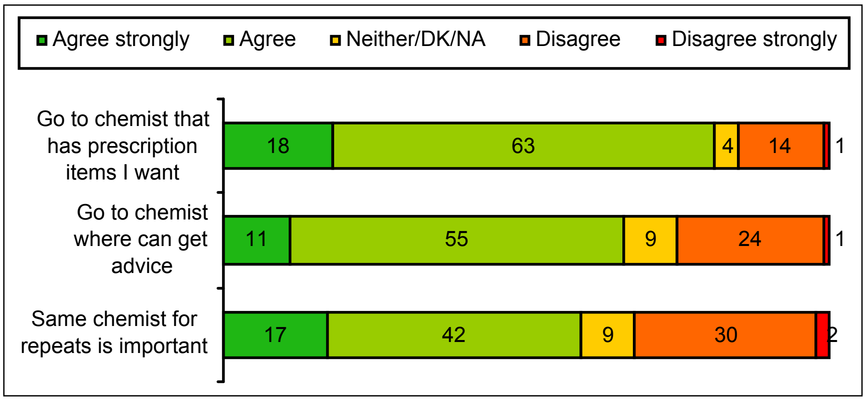
11% agree strongly and 55% agree that they 'go to a chemist where I can get advice'. There are higher levels of agreement with this statement amongst:-

- those living in Northern Ireland (88%)
- those living in Scotland (80%)
- C2DEs (74%)
- women (71%.)

17% agree strongly and 42% agree that 'it is important to use the same chemist for repeat prescriptions'. There are higher levels of agreement amongst:-

- DEs (75%)
- disabled/infirm (74%)
- 71+ (70%)
- heavy cashers (11+ prescriptions pa) (68%).

Chart 3.6/3: Agreement with statements: Other choice factors
(Base: All cashing prescriptions)



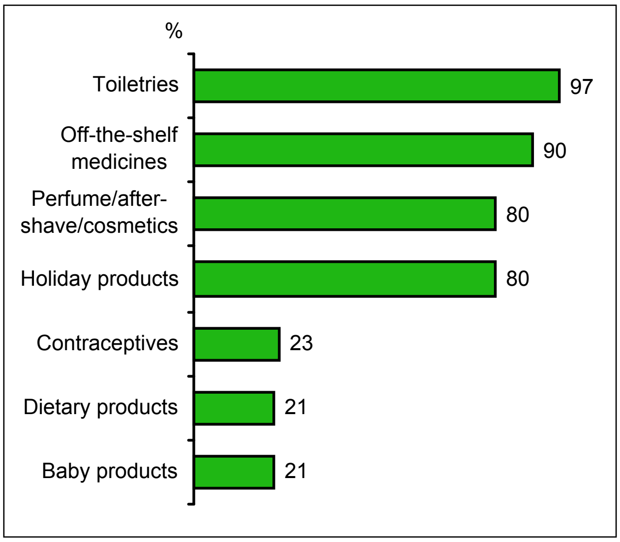
2.7. GENERAL SALES LISTED MEDICINES AND OTHER PRODUCTS

We asked recent prescription cashers which of seven products usually sold in pharmacies they buy nowadays.

Virtually everyone buys toiletries (97%) and off the shelf medicines (90%). Eight in ten buy perfume, aftershave or cosmetics (80%) and holiday products (80%).

A quarter buy contraceptives (23%); one in five, dietary products (21%) and one in five, baby products (21%)

Chart 3.7/1: Products buy nowadays
(Base: All cashing prescriptions)



Those buying each product category were asked whether they usually buy it from a chemist, usually buy it from somewhere else or whether they buy it from both.

The chart below ranks products categories by the degree to which prescription cashers favour pharmacies over other retail outlets.

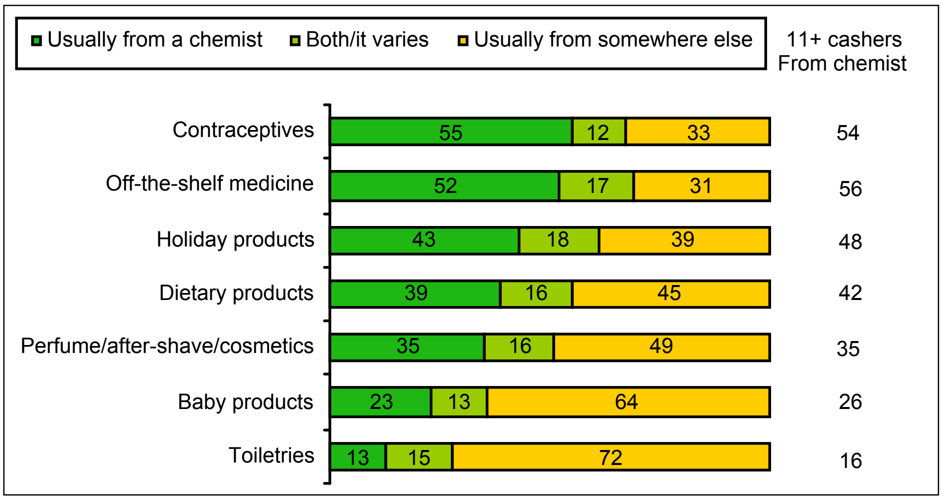
Higher proportions say they usually buy contraceptives, off the shelf medicines (e.g. aspirin and cough mixture) and holiday products such as sun tan lotion, insect repellent and sunglasses from chemists, than say they usually buy them from somewhere else.

On the other hand almost three quarters (72%) claim to usually buy toiletries from somewhere else (most likely a supermarket) and approaching two thirds (64%) say they usually buy baby products from somewhere else (also probably a supermarket).

Half (49%) usually buy perfume, aftershave and cosmetics from somewhere else compared to a third (35%) usually buying from a chemist. On balance, a slightly greater proportion usually buy dietary products from somewhere else (45%) than from a chemist (39%).

Amongst heavy prescription cashers (11+ per annum), the proportions usually buying from a chemist are marginally higher for most of the product categories.

Chart 3.7/2: Chemist versus other retail outlets
(Base: All buying each product nowadays)



A comparison of the profile of toiletries buyers usually buying from a chemist and usually buying from elsewhere shows that those buying from a chemist are older and more skewed towards heavy prescription cashers (11+ each year) than those usually buying from elsewhere.

Table 3.7/3: Profile of toiletries buyers

	Usually buy toiletries from a chemist (120)	Usually buy toiletries from elsewhere (711)
60+	51%	33%
Heavy prescription cashers (11+ p.a.)	47%	37%

There is no marked difference in the proportions disabled or infirm. Their social class profiles are similar.

This pattern is evident for other product categories as well and with some of them there is a difference by disability/infirmity and social class as well, with the chemist buyer skewed towards disabled/infirm and C2DE.

A higher proportion of those living in Scotland, Wales, Northern Ireland, the North East and South West usually go to chemists for these items than in other regions.

Those usually buying products from a chemist rather than anywhere else where asked why they usually buy from a chemist. Convenience/locality and better selection/range are commonly cited as reasons for preferring a chemist over other retail outlets for most products.

Convenience and locality is a particularly strong reason (40%) for buying toiletries from a chemist although the proportion preferring chemists over other outlets for toiletries is low (13%).

Selection and range are important considerations when choosing a chemist for perfume/aftershave/cosmetics (40%), baby products (25%) and holiday products (24%).

Advice from the chemist is an important motivating factor for buying off the shelf medicines (36%) and dietary products (28%) from a chemist.

Table 3.7/4: Reasons for buying from chemist
(Base: All usually buying each product from chemist)

	Contraceptives (138) %	Off the shelf medicine (465) %	Holiday products (351) %	Dietary products (87) %	Perfume/ after-shave/ cosmetics (281) %	Baby products (53) %	Toiletries (120) %
Convenient/ local	26	24	22	21	17	28	40
Better range /selection	12	14	24	17	40	25	17
Cheaper/ reasonably priced	2	4	6	1	7	10	14
Going there anyway to have prescription made up	7	4	4	3	4	2	7
On special offer/get discount	0	1	7	1	6	4	9
Staff/chemist can advise	8	36	12	28	6	7	3

Those preferring other retailers to chemists for these products were asked why they don't usually buy them from a chemist.

The main reason for buying elsewhere for all product categories is that it is easier to buy from a supermarket with the main shopping. This is particularly important in the case of toiletries (57%) and off the shelf medicines (60%).

Expense is the second most important reason and poor selection/range, the third most important reason. Poor selection and range is a particularly important reason for not buying perfume/aftershave/cosmetics from the chemist (19%).

Table 3.7/5: Reasons for not buying from chemist
(Base: All usually buying each product from somewhere else)

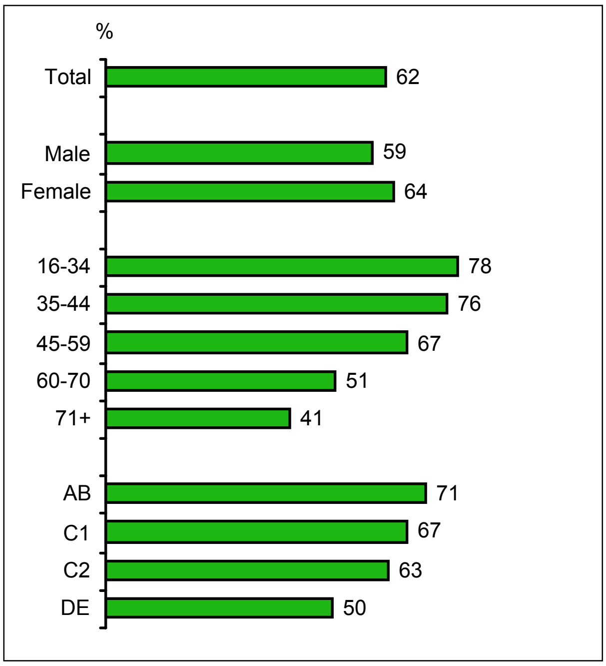
	Toiletries (711) %	Baby products (153) %	Perfume/ after-shave/ cosmetics (405) %	Dietary products (103) %	Holiday products (324) %	Off the shelf medicines (298) %	Contraceptive (79) %
Buy from supermarket with main shop/easier	57	46	34	37	41	60	44
Too expensive/ cheaper elsewhere	35	28	32	19	36	27	22
Poor selection/ range	5	7	19	2	5	1	3

2.8. PHARMACY MEDICINES

Six in ten claim to ever buy pharmacy medicines. 11% buy pharmacy medicines at least monthly, 26% buy them 2-3 times a year and 22% less often.

Higher proportions of young people buy pharmacy medicines than older people (78% of 16-34s compared with 41% of 71+).
The incidence of buying pharmacy medicines decreases from 71% of ABs to 67% of C1s, 63% of C2s and 51% of DEs.

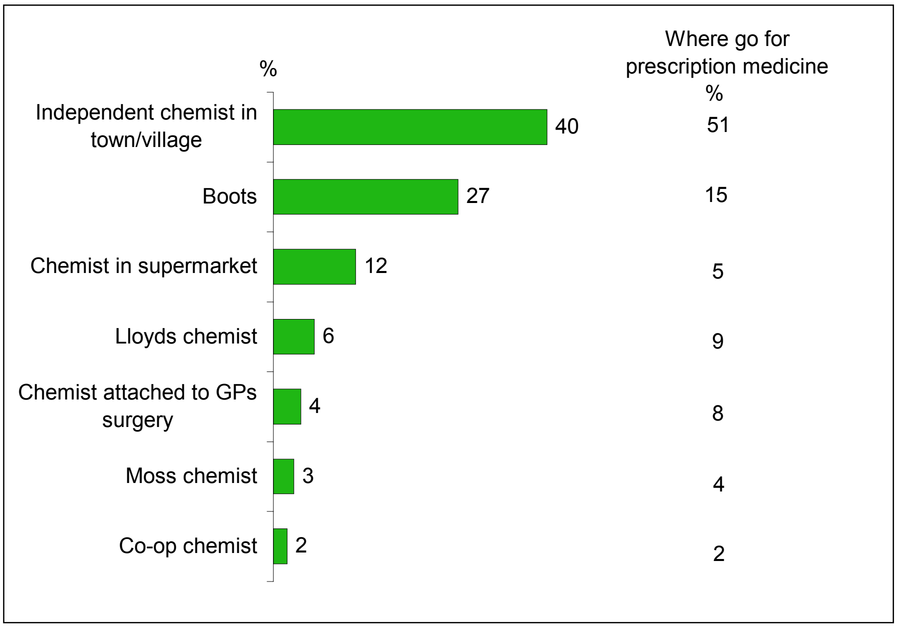
Chart 3.8/1: Ever buy pharmacy items
(Base: All cashing prescriptions)



Four in ten (40%) claim to usually buy pharmacy items from an independent, just over a quarter (27%) usually buy from Boots and one in eight (12%) from a supermarket chemist.

Compared with people's choice of chemists for prescription medicines, a lower proportion choose independents for pharmacy items and a higher proportion choose Boots and supermarket chemists.

Chart 3.8/2: Where usually go for pharmacy medicines
(Base: All ever buying pharmacy medicines)



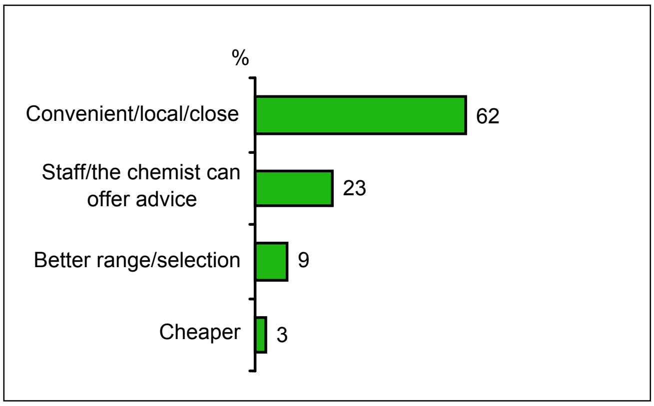
Choice of chemist for pharmacy items is driven mainly by convenience and locality (62%) but also by the availability of staff who can offer advice (23%).

One in ten (9%) are influenced by range and selection.

Supermarket chemists (82%) and Lloyds (80%) are especially favoured for convenience and locality when it comes to choosing a place to buy pharmacy medicines.

A third (32%) choose independents because of the advice the chemist can give them. Boots' strength lies in the better range/selection of pharmacy items available (18%).

Chart 3.8/3: Reasons for choice of chemist for pharmacy medicines
(Base: All ever buying pharmacy medicines)

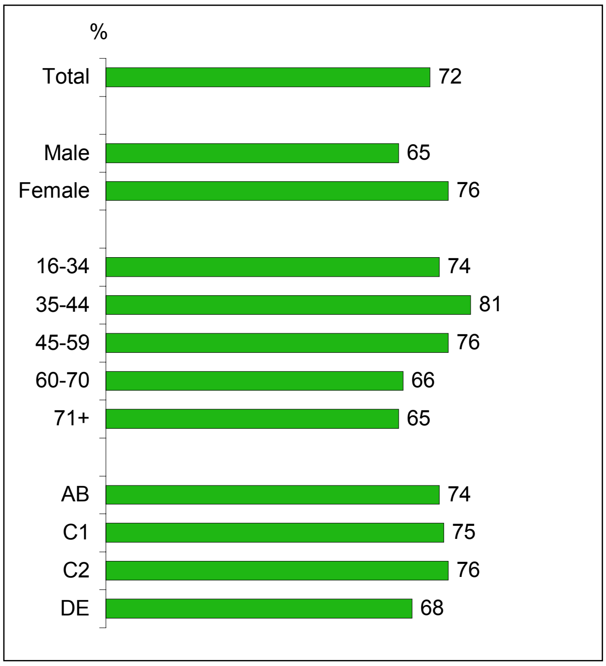


2.9. SEEKING ADVICE FROM THE PHARMACIST

Approaching three quarters (72%) of recent prescription cashers have ever asked their pharmacist for advice. Most of these (74%) ask for advice occasionally. Three quarters (75%) rate this advice as very helpful and a quarter (23%) as quite helpful. The proportions rating advice as very or quite helpful is consistently high across all demographic groups and for all types of chemist.

Women are more likely to have ever sought advice (76%) than men (65%). 35-44 year olds are more likely to have asked for advice (81%) than other age groups. DEs are less likely to have sought advice (68%) than other social class groups.

Chart 3.9/1: Ever ask pharmacist for advice
(Base: All cashing prescriptions)



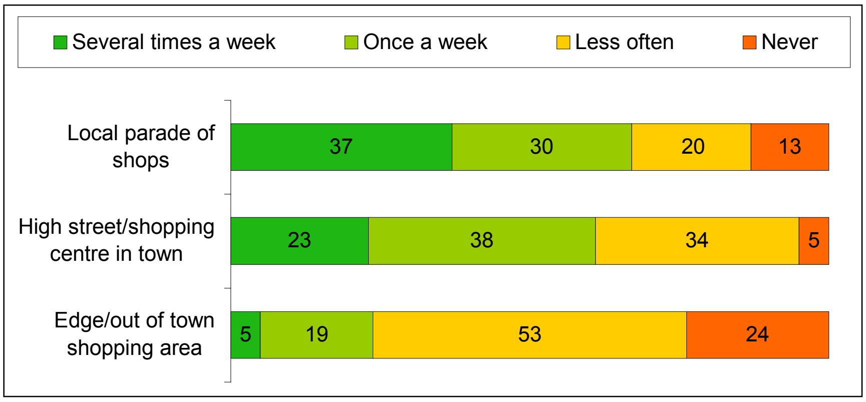
2.10. SHOPPING LOCATIONS

Questions were asked about general shopping behaviour, in particular, the kinds of shopping locations people visit and the frequency with which these locations are visited in order to understand whether this influences the location of the usual chemist.

A local parade of shops is visited several times a week by 37% and once a week by 30%. The high street or shopping centre in town is visited several times a week by 23% and once a week by 38%.

The edge of town/out of town shopping centre is visited less often than the other two locations. Only 5% visit it several times a week and 19% once a week. A quarter never visit out of town shopping centres.

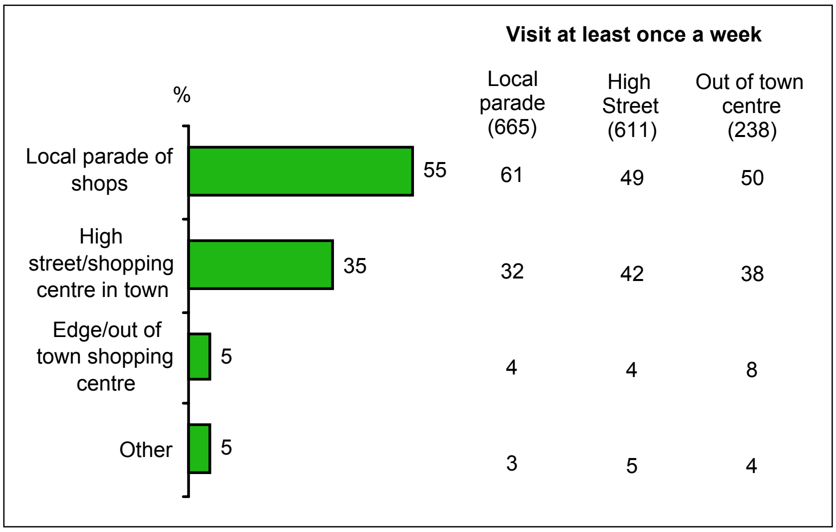
Chart 3.10/1: Frequency of visiting various shopping locations
(Base: All cashing prescriptions)



55% would say that their usual chemist (or the last chemist they visited) is located in a local parade of shops. Just over a third (35%) say it is located in a high street or shopping centre in town. Only 5% claim their usual/last chemist is based in an edge of town/out of town shopping centre.

The location of chemists does not appear to be influenced by where people often shop in general. The pattern of response for location of usual chemist is very similar amongst frequent visitors to local parades, high streets and out of town centres. Considering most come from the doctors (48%) or home (29%) and very few come from shopping (3%) when they go to the chemist, it is not surprising that frequently visited locations for general shopping do not have a significant impact on location of usual chemist.

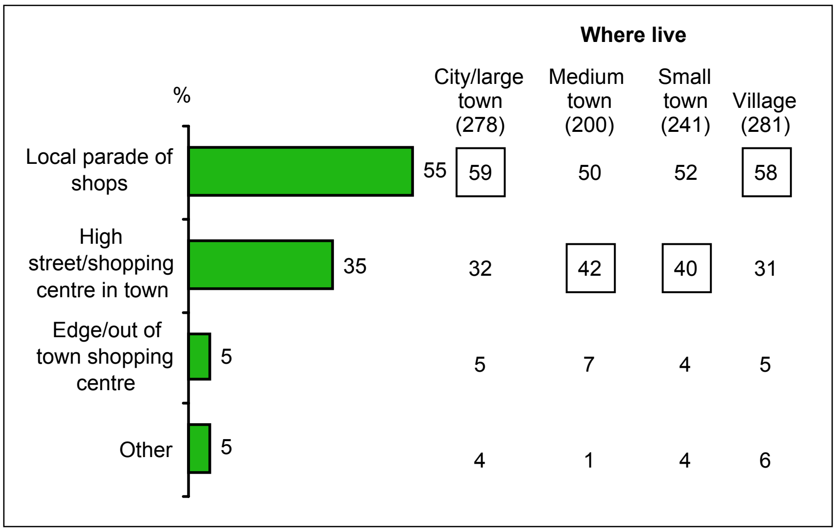
Chart 3.10/2: Location of usual/last chemist
(Base: All cashing prescriptions)



The usual/last chemist is more likely to be found in a local parade of shops in cities or villages. Problems finding a parking space in town may encourage city dwellers to choose their local parade. In villages, a local parade of shops is probably the only type of shopping available.

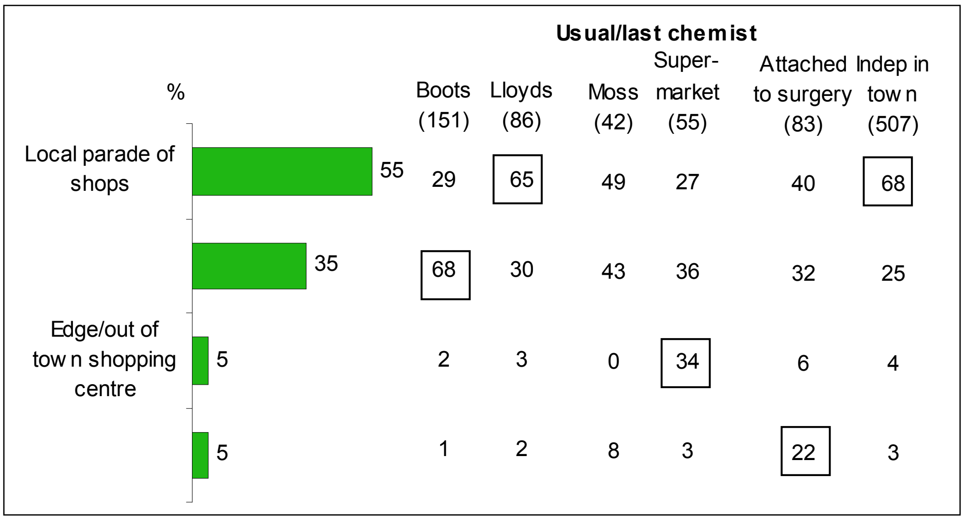
In medium and small towns, the chemist is more likely to be found in the high street or a shopping centre in town than is the case with cities and villages.

Chart 3.10/3: Location of usual/last chemist
(Base: All cashing prescriptions)



Different chemist chains/types of chemist have a greater presence in certain types of location. Independents (68%) and Lloyds (65%) are most likely to be found in a local parade of shops. Boots is on the high street or in a town centre shopping centre (68%). A sizeable proportion of supermarket chemists are to be found in edge of town/out of town locations (34%).

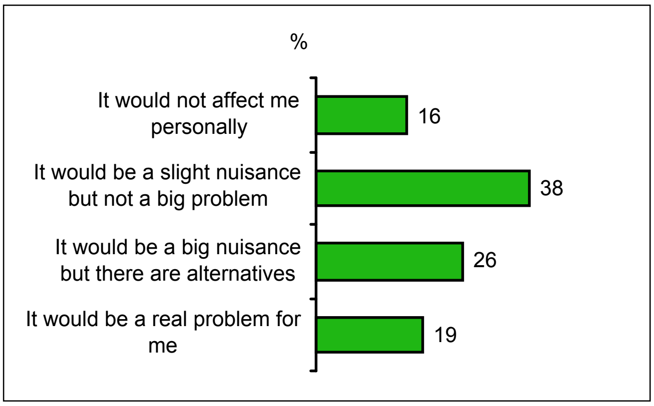
Chart 3.10/4: Location of usual/last chemist
(Base: All cashing prescriptions)



2.11. IMPACT OF CLOSURE OF LOCAL CHEMIST

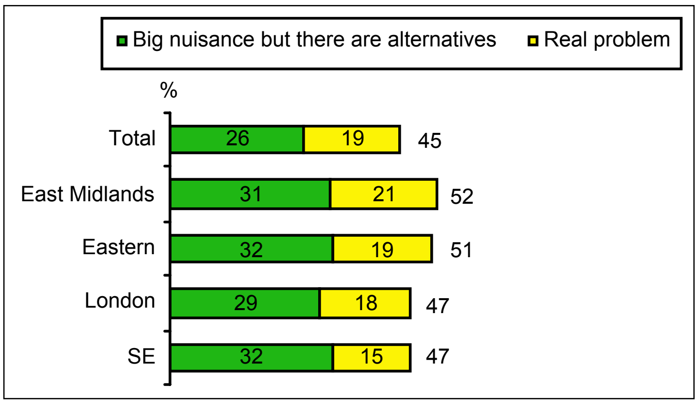
Only one in five (19%) claim that if their local chemist were to close, it would present them with a real problem. A quarter (26%) say it would be a big nuisance but there are alternatives, four in ten say that it would be a slight nuisance (38%) and one in six (16%) don't think they would be affected.

Chart 3.11/1: Impact if local chemist were to close
(Base: All cashing prescriptions)



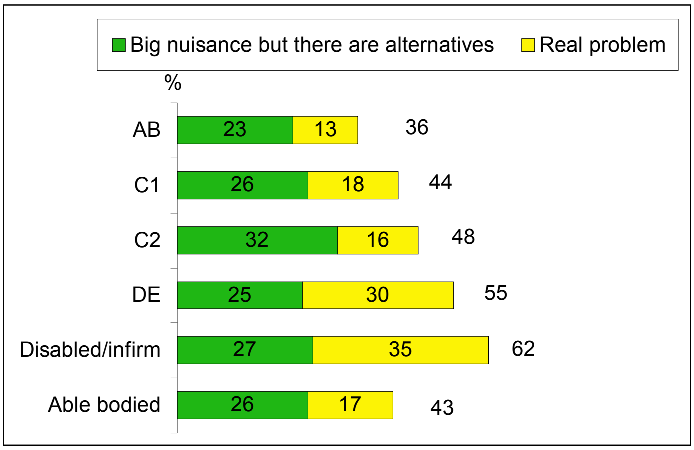
In some regions, the closure of the local chemist would affect a greater proportion of the population adversely, namely the East Midlands (52%) and Eastern (51%). In London and the South East, a slightly greater proportion than average would be adversely affected.

Chart 3.11/2: Local chemist closing down would be a big nuisance/problem
(Base: All cashing prescriptions)



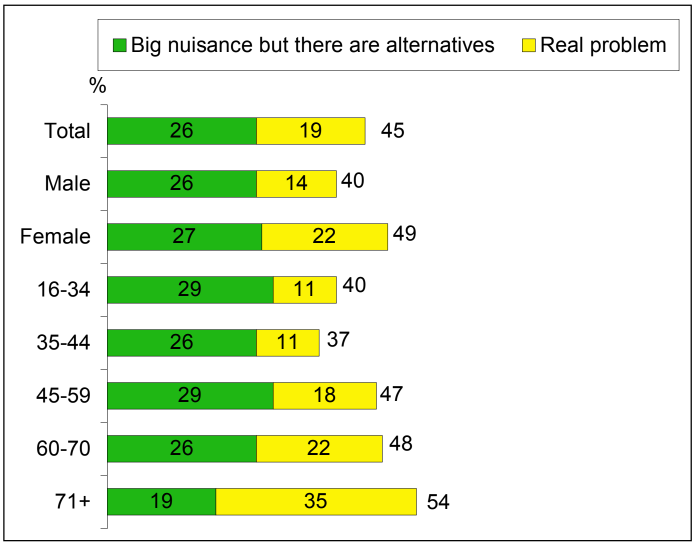
DEs would be more affected (55%) than ABs (36%) and the disabled/infirm (62%) more than the able-bodied (43%). Over a third of the disabled/infirm (35%) say that the closure of the local chemist would be a real problem for them.

Chart 3.11/3: Local chemist closing down would be a big nuisance/problem
(Base: All cashing prescriptions)



Women (49%) are more likely than men (40%) to be adversely affected by the closure of their local chemist. Over half of the
71+ age group (54%) would be affected but more importantly, over a third (35%) claim that the closure would be a real problem for them.

Chart 3.11/4: Local chemist closing down would be a big nuisance/problem
(Base: All cashing prescriptions)



APP ENDIX
The Questionnaire

CONTACT QUESTIONNAIRE

Good morning/ afternoon/ evening. My name is ______________ from FDS International. We are conducting a survey on behalf of the Office of Fair Trading about an important consumer affairs issue. We wish to talk to a cross section of people. OFFER CONTACT NAME AND TELEPHONE NUMBER AT OFT IF RESPONDENT NEEDS REASSURANCE OF BONA FIDES

QA Has anyone in your household visited a chemist to obtain NHS prescription medicines in the last six months?

Yes	
No	> QB
Don't know	> Q33

QB Has anyone in your household obtained a prescription from the doctors in the last six months but in the end, did not use it?

Yes
No

IF QA=No AND QB=No, GO TO Q33 – BUT DO NOT COUNT TOWARDS QUOTA
IF QA=Yes AND QB=No, GO TO QD
IF QA=No AND QB=Yes, GO TO QC
IF QA=Yes AND QB=Yes, GO TO QC

QC Why was it not used?

Got better/didn't need the medicine
Condition/illness wasn't serious
Couldn't afford/didn't want to pay the prescription charge/charge too much
Chemist didn't have the medicine
Couldn't get to the chemist
Chemist too far away/inconvenient
No time/too busy
Just haven't got round to it yet

IF QA=Yes, GO TO QD
IF QA= No, GO TO Q33 – BUT DO NOT COUNT TOWARDS QUOTA

QD How many people in your household have visited a chemist to obtain NHS prescription medicines in the last six months?

1	> QF
2	
3	
4	
5+	

QE Which of those people will next celebrate their birthday?
TYPE IN NAME

____

QF Can I speak to that person please?
Person speaking
Not available
On another number

QG Can I confirm that you have visited a chemist to obtain NHS prescription medicines in the last six months?

Yes	> Q1
No	> SEE INSTRUCTION BELOW
Can't remember	> SEE INSTRUCTION BELOW

CHECK QD – IF ANOTHER PERSON IN H/H VISITED A CHEMIST TO OBTAIN NHS PRESCRIPTION MEDICINES IN THE LAST SIX MONTHS,
ASK QH; OTHERS GO TO Q33

QH Who else in the household has visited a chemist to obtain NHS prescription medicines in the last six months?
WRITE IN NAME

____

QI Can I speak to that person please?
Person speaking
Not available
On another number

MAIN INTERVIEW

Q1 Was the last prescription you took into a chemist for yourself personally, were you taking it in for another adult or was it for a child aged 15 or younger?
For self
For another adult
For a child (15 or younger)

IF ANOTHER ADULT OR CHILD (15 OR YOUNGER), ASK Q2-Q8; OTHERS GO TO Q9

Q2 Was the prescription for another member of your household?
Yes
No

IF YES AT Q2, ASK Q3; OTHERS GO TO Q4

Q3 Was the prescription for your.... READ OUT:
Mother
Father
Partner
Child
Sister
Brother
Other relative
Someone else

IF NO AT Q2, ASK Q4; OTHERS GO TO Q5

Q4 Was the prescription for a.... READ OUT:
Relative
Friend
Neighbour
Colleague
Someone else

Q5 How old is the person you took the prescription in for? READ OUT:
0-15
16-24
25-34
35-44
45-59
60-70
71+

Q6 Are they male or female?
Male
Female

Q7 Would you normally take a prescription to the chemist for them, do you take some of their prescriptions in from time to time or was this last time a one-off?
Would normally take a prescription in for them
Take some of their prescriptions in from time to time
Last time was a one-off

Q8 Do they have a disability or an infirmity, which makes it difficult for them to get to the chemist?
Yes
No

ASK ALL

Q9 Where did you go to get the prescription item(s)? PROMPT IF NECESSARY
Boots
Superdrug
Lloyds Chemist
Moss Chemist
Co-op chemist
Chemist in supermarket
Chemist attached/linked to GPs surgery/health centre
Independent chemist in town/village
Other (TYPE IN)

Q10 And is this where you would usually go with a prescription?

Yes	> Q13
No	> Q11
Don't have a usual place/ it varies	> Q14

Q11 Why was it different last time?
Was visiting friends/ relatives – local to them
Moved house recently
Changed job recently
Changed doctors recently
Other reason (TYPE IN)

Q12 Where do you usually go for prescription medicines?
Boots
Superdrug
Lloyds Chemist
Moss Chemist
Co-op chemist
Chemist in supermarket
Chemist attached/linked to GPs surgery/health centre
Independent chemist in town/village
Other (TYPE IN)

Q13 Is there any particular reason why you go to/went to (ANSWER FROM Q9/Q12) for prescription medicines?
PROBE FULLY Any other reason?

Q14 Is the (ANSWER FROM Q9/Q12) easy to get to from .... READ OUT

From Home	Yes	No	Not applicable
Work	Yes	No	Not applicable
The Doctors	Yes	No	Not applicable
Where you usually shop	Yes	No	Not applicable

Q15 And where would you normally be coming from if you were taking a prescription in to the chemist. Would you be coming from home, from work (or popping out at lunchtime), from the doctors surgery or coming back from where you usually shop?

From home
From work (popping out at lunchtime)
From the doctors
From where you usually shop
It varies >Q18

ASK Q16 & Q17 FOR PLACE AT Q15, USUALLY COMING FROM

Q16 How far is the chemist (ANSWER AT Q15)

Within a short walk
Less than 1 mile
More than 1 and up to 2 miles
More than 2 and up to 3 miles
More than 3 and up to 4 miles
More than 4 and up to 5 miles
More than 5 miles

Q17 How do you usually get there?

Drive yourself
Other person drives
On foot
By bus
By train
By bicycle
By taxi
Other

Q18 When was it that you took the last prescription in? READ OUT:

July
June
May
April
March
February
January

Q19 On average, how many prescriptions do you take to a chemist in a year?

Q20a Are you/is the person you took the prescription in for on a repeat prescription for medicines needed on an ongoing basis?
Yes
No

Q20b Thinking about the last prescription you had made up, were you exempt from payment for any reason or did you have to pay?
Exempt
Had to pay

IF HAD TO PAY ASK Q20c; OTHERS GO TO Q21

Q20c Which type of payment did you make on this last occasion? READ OUT
Standard fee of £6.20 per item
Reduced rate fee by using a "season ticket"
Full payment for a private prescription (for example inoculations for tropical diseases before going on holiday)
DK

Q21 I am going to read out a few statements that others have made when they have taken prescriptions in. It doesn’t matter how often you take prescriptions in yourself. For each one, please tell me whether you agree or disagree.

Answers: Agree strongly/ agree / neither agree nor disagree/ disagree/ disagree strongly/ not applicable

a) I would always choose to take a prescription in to a chemist I know rather than use a different chemist
b) All chemists are the same – it doesn’t matter which one you use
c) It’s important to use the same chemist for repeat prescriptions
d) I don’t have any choice in which chemist I go to
e) I would prefer to use a chemist close to the doctor
f) I’ve been going to the same chemist for ages
g) I tend to take prescriptions in at the same time as doing something else, such as shopping
h) I tend to go to a chemist where I will get advice
i) The chemist I go to knows me
j) The chemist I go to always has a stock of the prescription items I want
k) The convenience of location of a chemist is important to me
l) It is helpful to me to use a chemist that offers collection and delivery services
m) I would consider using a collection and delivery service if it was available

Q22 Thinking about the last prescription, how long after it was issued did you take it to the chemist?
The same day
The next day
A few days later
A week later
Longer than a week later
Can’t remember/ don’t know

Q23 And how many items were there on that last prescription?
1
2
3
4
5+
Don't know
Can't remember

Q24 I am going to read out a list of products. For each one, could you tell me whether you usually buy it from a chemist, whether you usually buy it from somewhere else or whether you don't buy it at all.

READ OUT ITEMS IN LIST. REMIND RESPONDENT ANSWERS ARE EITHER USUALLY BUY FROM CHEMIST, USUALLY BUY FROM SOMEWHERE ELSE, DON'T BUY AT ALL

	Usually from a chemist	Usually from somewhere else	Both, it varies, DK	Don't buy at all
Toiletries, such as soap, hair products, toothpaste, etc				
Off-the-shelf medicines e.g. aspirin, cough medicine				
Dietary products e.g. slimming aids, glucose tablets				
Perfume/after-shave/cosmetics/make-up				
Holiday products e.g. sun tan lotion, insect repellent, sunglasses				
Baby products e.g. food, nappies				
Contraceptives				

REPEAT Q25 FOR EACH ITEM USUALLY BUY FROM A CHEMIST AT Q24

Q25 Is there any particular reason why you usually buy............ (ITEM USUALLY BUY FROM A CHEMIST AT Q24) from a chemist rather than anywhere else? PROBE FULLY

Staff/the chemist can offer you advice
Better range/selection
Cheaper/reasonably priced
More convenient/local/close
On (special) offer
Other reasons (TYPE IN)

No particular reason

REPEAT Q26 FOR EACH ITEM USUALLY BOUGHT FROM SOMEWHERE ELSE AT Q24

Q26 Is there any particular reason why you don't usually buy………… (ITEM USUALLY BUY FROM SOMEWHERE ELSE AT Q24) from a chemist?
PROBE FULLY

Poor selection/range
Too expensive/cheaper elsewhere
Rarely go to the chemist
Always out of stock of the items I want
Buy from a supermarket with my main shop/easier to get with the main shopping

Other (TYPE IN)

No particular reason

Q26x Thinking about pharmacy items now – that is medicines for which you do not need a prescription but which can only be sold with a pharmacist present, approximately how often do you need to shop for these?
Weekly
Monthly
Two or three times a year
Less often
It varies
DK

Q26y Where do you usually go for pharmacy medicines?
Boots
Superdrug
Lloyds Chemist
Moss Chemist
Co-op chemist
Chemist in supermarket
Chemist attached/linked to GPs surgery/health centre
Independent chemist in town/village
Other (TYPE IN)

Q26z Why you usually buy pharmacy medicines from….. (Q26y)?
PROBE FULLY

Staff/the chemist can offer you advice
Better range/selection
Cheaper/reasonably priced
More convenient/local/close
On (special) offer
Other reasons (TYPE IN)

No particular reason

Q27a ASK ALL (EXCEPT IF ALREADY MENTIONED AT Q25)
Do you ever ask your chemist for advice?
Yes > Q27b
No > Q28

IF YES (Q27a) OR CODE '1' AT Q25; OTHERS GO TO Q28

Q27b How often do you ask for advice from your chemist?
At least once a month
Several times a year
Occasionally
Only once

Q27c And on average, how would you rate the advice from your chemist. Would you say it is usually ... READ OUT PRECODES
Very helpful
Quite helpful
Neither helpful nor unhelpful
Not very helpful
Not at all helpful

Now I would like to ask you three or four questions about where you normally shop for things in general.

Q28 How often do you visit the following types of shopping area?

	Several times a week	Once a week	Once every 2-3 weeks	Once a month	Less often	Never	Don't know/it varies
A local parade of shops							
A high street/shopping centre in town							
An edge of town/out of town shopping centre							

Q29 ASK FOR EACH VISITED AT Q28 (NOT NEVER/ DK)
How do you usually get to (LOCAL PARADE OF SHOPS/ HIGH STREET/ EDGE OF TOWN SHOPPING CENTRE)
Drive yourself
Other person drives
On foot
By bus
By train

By bicycle
By taxi
Other

Q30 Which of these places best describes where your usual chemist/the chemist you went to last is located?

A local parade of shops
A high street/shopping centre in town
An edge of town/out of town shopping centre
Other (TYPE IN)
Don't know

Q31 If your local chemist were to close down, would you say.... READ OUT
It would not affect me personally
It would be a slight nuisance but not a big problem
It would be a big nuisance but there are alternatives
It would be a real problem for me

ASK ALL

Q32 Would you describe where you live as...READ OUT
A city or large town
A medium sized town
A small town
A village

And finally, I would just like to ask you some classification questions

ASK ALL CONTACTS
Q33 How many people aged 16 or over are there in your household?
1
2
3
4+

Q34 How many children aged 0-15 are there in your household
1
2
3
4+

Q35 Which of the following age groups do you fall into?
16-24
25-34
35-44
45-59
60-70
71+

Q36 What is the occupation of the chief wage earner in the household?
Code AB/ C1/ C2/ DE

ASK ALL MAIN RESPONDENTS ONLY – OTHERS CLOSE HERE

Q37 Are you married/co-habiting, single, widowed, divorced or separated?
Married/co-habiting
Single/widowed/divorced/separated

Q38 Are you working full time, part time or not working?
Full time
Part time
Not working

Q39 And finally, do you have a disability or an infirmity, which makes it difficult for you to get to the chemist?
Yes
No

That's the end of the interview. Thank you very much for your time and co-operation. Would you like the name of the executive in charge of this study?
Yes
No

IF YES, READ OUT

The executive in charge of this study is [ ] at FDS International and she can be contacted on [ ].

Q36 CODE SOCIAL CLASS
A
B
C1
C2
D
E

Q41 CODE SEX
Male
Female

QREGION – READ IN POST CODE FROM SAMPLE