

# Pharmacy closures in England

**September 2024**

# Headline findings

**Healthwatch England sent a Freedom of Information (Foi) request to all 42 Integrated Care Boards (ICBs) in England to investigate the issue of pharmacy closures. Between 1 January and 31 December 2023, we found that:**

- 436 pharmacies closed permanently in England. This amounts to more than eight pharmacies closing every week.
- There is significant variation in the rate of permanent pharmacy closures. At the lower end, some ICBs saw only 1% of their pharmacies close permanently, while at the upper end, one ICB saw 11% of its pharmacies close permanently.
- 13,863 instances of temporary closure were recorded. 46,823 hours were lost to temporary closure, the equivalent of 5,852 standard pharmacy working days.
- At the ICB level, the number of hours of temporary closure ranged from 0.42 hours per pharmacy to 17.48 hours per pharmacy.
- The main reason for temporary pharmacy closures across England is a lack of available staff.
- Higher rates of both permanent and temporary closure were recorded in areas that were rural, had older populations, and had fewer GPs per head.

**To reduce the impact of pharmacy closures on pharmacy users, Healthwatch England recommends:**

- Cross-system work to ensure patients are better notified of pharmacy closures and that pharmacy teams have enacted improved contingency plans.
- A national evaluation to consider issues facing pharmacy, including workforce, funding, data, and estates.

# Introduction

Expanding the role of community pharmacy in delivering care has emerged as a key pillar of primary care reform in England. The launch of the Pharmacy First service in late January 2024 is a central part of this.

Healthwatch England's recent report, [Pharmacy: what people want](#), found that this move is welcomed by patients and the public, who value the convenient, timely and high-quality care provided by community pharmacies.

However, our research revealed that several obstacles stand in the way of realising the full potential of community pharmacy. These include medicine shortages, a lack of awareness of the services that pharmacy offers, and integration challenges between pharmacy and other primary care providers (particularly GPs).

Additionally, our research found that permanent and temporary closures of pharmacies were undermining people's access to care and their confidence in the expansion of the pharmacy care offer.

'The pharmacy was often closed, when timetabled to be open, with zero notice. The excuse being "the unavailability of a pharmacist". Where was I expected to go to collect my essential life saving prescription?' – Quote shared with Healthwatch Devon

Permanent and temporary closures were frustrating to people who we heard from. Many had travelled a reasonable distance to use pharmacy services, only to find that their pharmacy was closed without warning.

'I understand it can't be helped but [pharmacy name] have been unreliable lately. It's frustrating particularly if I walked all the way down into town and find they are closed.' – Quote shared with Healthwatch Isle of Wight

Further, pharmacy closures were also linked to other challenges people faced when using pharmacy services, such as difficulties accessing medicine. Polling conducted for our report found that 7% of people in the last year had problems

getting medicine due to their pharmacy being unexpectedly closed. This sentiment was reflected in the stories we heard.

'I have tried on four different occasions to pick up a prescription for myself and my husband from [name of pharmacy]. The first time [name of pharmacy] was closed during the week for three days' – Quote shared with Healthwatch West Berkshire

Though there is some evidence in the public domain, we wanted to investigate the scale of pharmacy closures in more depth. In particular, we wanted to look into the less understood problem of temporary closures and consider levels of variation across the country.

# What did we do?

Data on pharmacy closures was previously collected centrally by NHS England, but responsibility was delegated to ICBs in 2022.

To piece together the number of permanent and temporary pharmacy closures in England, we sent a FoI request to all 42 ICBs (Appendix 1). We asked them to share information on the number of pharmacies that closed permanently between 1 January 2023 and 31 December 2023, as well as the number of temporary closures recorded in that period and the reason for them.

We were interested in this time period as it marked a full calendar year before the launch of the Pharmacy First service – a scheme that enables community pharmacies to offer consultations for seven common conditions.

# What did we find?

We received some data from all 42 ICBs. All 42 provided data on permanent closures. 41 provided data on the number of temporary closures and the length of each closure, allowing us to calculate the total hours of closures in those ICBs. The exception was the Black Country ICB, which provided data on the number of temporary closures, but not in a format that we could use to calculate the total hours of closures.

We also received data from the majority of ICBs on the reasons behind temporary closures.

## The overall picture

### Permanent closures

In total, we found that 436 pharmacies closed permanently in England between 1 January and 31 December 2023. This means that on average, **more than one pharmacy closed permanently every day**, or just over eight closed every week.

According to NHS Business Services Authority, in 2022-23 there were 11,414 community pharmacies in England.<sup>1</sup> This means in our reporting period alone, almost four per cent of pharmacies in England closed permanently.

### Temporary closures

Across the 41 ICBs for which we hold data, 13,863 instances of temporary closure were reported during the period. These added up to 46,823 hours of temporary closures, with an average closure length of three hours and forty minutes. The loss of this many hours to temporary closures is the equivalent to 5,852 standard pharmacy working days being lost, with



<sup>1</sup> [General Pharmaceutical Services in England 2015/16 - 2022/23](#), NHS Business Services Authority, 2023.

an average of 142 working days lost per ICB that shared data.<sup>2</sup>

## What is happening at the system level?

While permanent and temporary pharmacy closures are an issue in all parts of England, our analysis reveals that there is a high degree of variation in the scale of this problem. Appendix 2 shows our data for each ICB in full.

### Permanent closures

The number of permanent closures ranged from one in Northamptonshire ICB to 51 in Cheshire and Merseyside ICB. This represents 9% of the pharmacies in the Cheshire and Merseyside ICB closing during our reporting period.<sup>3</sup>

Some of these permanent closures may have been partly offset through new pharmacy openings.

While comparable data on how many pharmacies opened in England in this period proved difficult to find, information shared by the General Pharmaceutical Council suggests that in 2023 almost three pharmacies closed in England for every one that opened.

A full list of permanent closures by ICB is set out in Appendix 2.

### Temporary closures

A significant variation was also recorded in the case of temporary closures. The number of instances of temporary closure ranges from 70 in South East London ICB to 1,438 in the North East and North Cumbria ICB. On total hours of closures, North East and North Cumbria is again the highest at 4,054, over 19 times higher than the lowest, which is North West London with 212 hours.

However, given the variation in the size of ICBs and the total number of registered pharmacies in each locality, calculating the closure hours per pharmacy for each ICB provides the best method to make meaningful comparisons between systems. Appendix 3 contains more information on how we did this calculation.

Norfolk and Waveney, Devon, and Lincolnshire were the worst-performing ICBs on this measure. However, ICBs in London performed notably strongly on this

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<sup>2</sup> We have defined a 'standard pharmacy day' as being eight hours. Whilst there are 100-hour pharmacies with longer working days, data from Community Pharmacy England tells us that these pharmacies are fewer than one in ten of all bricks and mortar pharmacies.

<sup>3</sup> See appendix 3 for details for how we calculated these percentages.

measure, with the five lowest figures being the five London ICBs. North West London was the lowest.

Highest hours of temporary closure per pharmacy		Lowest hours of temporary closure per pharmacy	
Norfolk and Waveney	17.48	North West London	0.42
Devon	12.44	North East London	0.70
Lincolnshire	11.67	South East London	0.80
Humber and North Yorkshire	11.05	North Central London	0.92
Cornwall and The Isles of Scilly	10.41	South West London	0.92

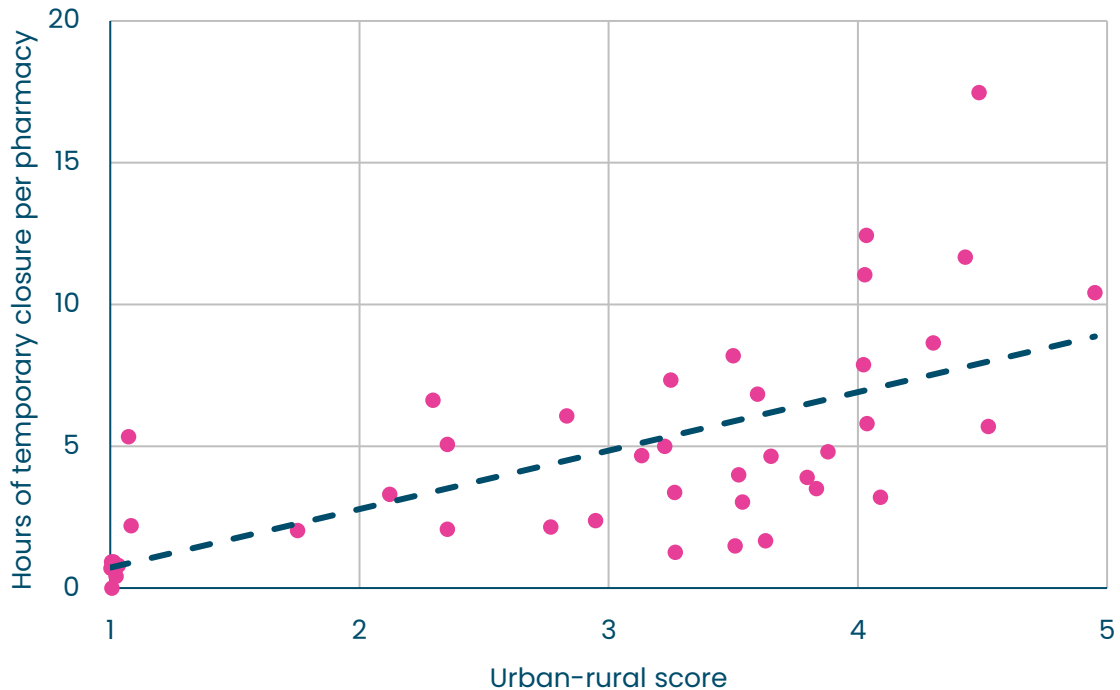
## Who is most affected by temporary closures?

Using our metric of hours of closure per pharmacy allows us to control for variation in the size of ICBs and look more accurately at which population groups are most impacted by pharmacy closures. We analysed the number of closures per pharmacy in relation to several relevant demographic metrics. See Appendix 3 for more detail on what we did.

Two notable correlations stood out in relation to populations affected by pharmacy closure.



## Rural areas



We found that more rural ICBs tended to have higher hours of closure per pharmacy than more urban ICBs.<sup>4</sup> This can be seen in the graph below, where a higher urban-rural score indicates a more rural ICB.

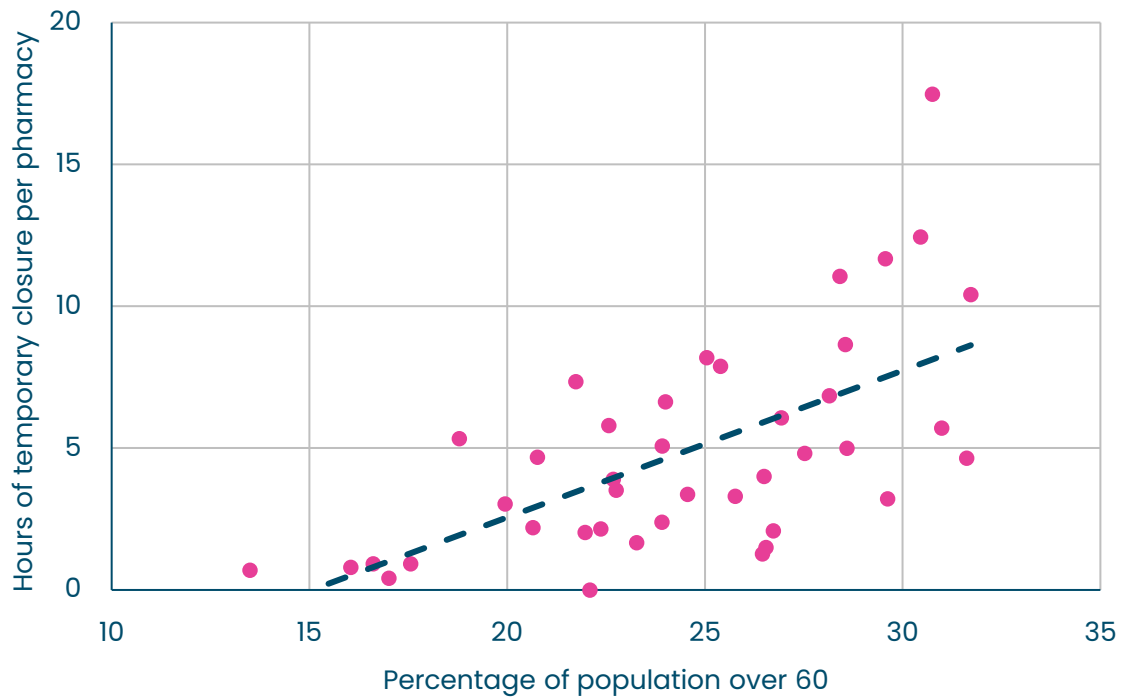
## Older people

We also looked into the relationship between population age and temporary pharmacy closures. We plotted the hours of closure per pharmacy against the percentage of the population over 60 and over 80, and found that areas with older populations tended to lose more hours to temporary pharmacy closures.

These findings suggest that the group most likely to use pharmacy services, older people, may be least well served when it comes to accessing them.<sup>5</sup>

<sup>4</sup> See Appendix 3 for details on urban/rural methodology

<sup>5</sup> [Pharmacy: what people want](#), Healthwatch England, 2023

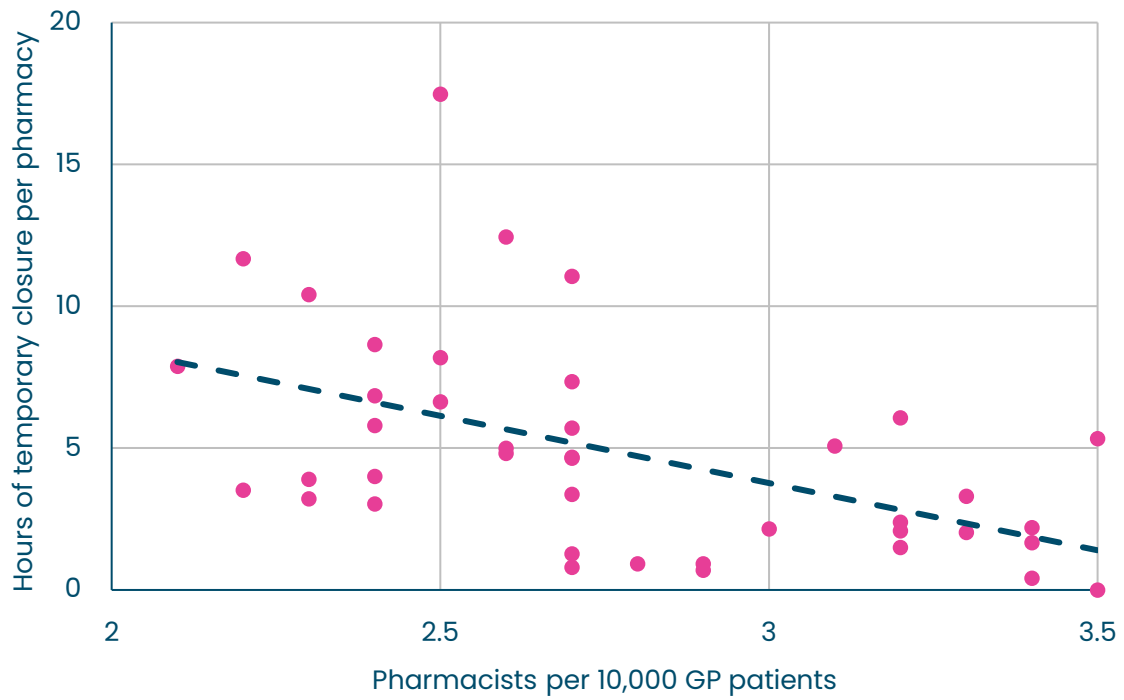


## What is driving this problem?

We received data from 40 ICBs on the causes of temporary pharmacy closures. The chief cause of temporary closures in every instance is related to staffing, and in particular, the ability to find a locum pharmacist. This may explain why more rural ICBs tend to have higher hours of closure per pharmacy, and the London ICBs perform so well. Finding locum pharmacists to fill shifts may be more challenging in less populated and well-connected areas.

Our data also indicates that staffing is correlated with hours of closures. Using a dataset on pharmacists per 10,000 GP patients,<sup>6</sup> we can see a negative correlation with hours of closures per pharmacy.

<sup>6</sup> [Wiltshire Community Pharmacy](#), slide 36: 'Pharmacist Workforce', Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board, 2023



This means that areas with a lower number of pharmacists tend to experience a higher number of pharmacy closures. Given that expanding the role of pharmacy is in part seen as an answer to the challenge of unequal care access, this should give decision makers real cause for concern.

# Recommendations

**Our research has shown that temporary pharmacy closures present a widespread challenge in England. It also shows that this challenge is particularly acute in certain regions, and is having additional impacts on older, more rural populations.**

Addressing this problem requires action in the short and long term.

In the short term, steps must be taken to raise awareness among patients and the public about this issue. We know from our network of Healthwatch around the country that patient frustration often stems from not being informed about pharmacy closures in advance. Better signposting that pharmacies will be closed and setting out alternatives to patients would go some way to improving patient experience.

'Yet another wasted journey. I checked holiday opening times and avoided the lunch hour. It should have been open but it wasn't. Even if they can't cover the pharmacy, they should, at least, provide a way of finding out about unscheduled closures before customers read it on the door. Very poor communication.' – Quote shared with Healthwatch Norfolk

In the longer term, action must be taken to reduce instances of pharmacy closure. To begin with, a better understanding of the scale of this problem is required both locally and nationally. Identifying areas where pharmacy closures are a particularly severe issue can help redirect resources to meet the challenge of unequal access.

From our research, we have identified that issues finding staff are the key drivers of both permanent and temporary pharmacy closures. A national evaluation of pharmacy funding and the size, role-mix and distribution of the pharmacy workforce is necessary to improve planning of pharmacy services. Research conducted for our report '[Pharmacy: what people want](#)', also revealed that a range of other issues, including pharmacy's underlying funding settlement, may also lie behind an inconsistent service offer.

**Healthwatch England is calling for:**

## **1. Patients to be better notified of pharmacy closures, and for pharmacy teams to be supported by improved contingency plans.**

NHS England and Integrated Care Boards should support pharmacy teams to give appropriate notice and advice to the public wherever possible. This could be through the NHS App, NHS website, SMS platforms, and local GP and pharmacy websites – providing real time information on temporary closures.

ICBs should also analyse and publish monthly figures on the number of temporary closures to inform workforce planning, spot trends in postcode variations, and tackle persistent closures using agreed local hours plans. Data should be reported in a standardised form to help better inform national planning of pharmacy services.

## **2. A national evaluation to consider issues facing pharmacy, including workforce, funding, data, and estates.**

NHS England should commission a formal evaluation of the challenges facing the pharmacy sector. This evaluation should specifically examine pharmacy workforce planning to ensure that both the size and distribution of the pharmacy workforce is optimally geared towards ensuring equal access to services and expanding pharmacy's care offer.

# Appendix 1: FOI request

Dear [ICB name]

I am writing to request the following information under the terms of the Freedom of Information Act (2000):

For the twelve months from January 2023 to January 2024, please provide a breakdown of the following:

1. The number of pharmacies which permanently closed in your Integrated Care System.
2. The number of temporary pharmacy closure days recorded in this period, per pharmacy.
3. The duration of closures on each day, per pharmacy.
4. Reasons provided for closures at each pharmacy.

I would like you to provide this information via email. Please do not hesitate to contact me at [Sebastian.Rees@healthwatch.co.uk](mailto:Sebastian.Rees@healthwatch.co.uk) should any aspect of my request require clarification.

# Appendix 2: Our data in full

Integrated Care Board	Permanent closures	Instances of temporary closures	Hours of temporary closures	Hours per pharmacy
Bath and North East Somerset, Swindon and Wiltshire	6	376	1214	7.88
Bedfordshire, Luton and Milton Keynes	7	133	506	3.03
Birmingham and Solihull	7	430	1744	5.33
Black Country	8	918		
Bristol, North Somerset and South Gloucestershire	6	263	1284	7.34
Buckinghamshire, Oxfordshire and Berkshire West	16	206	970	3.51
Cambridgeshire and Peterborough	8	207	922	5.80
Cheshire and Merseyside	51	652	1974	3.31
Cornwall and The Isles Of Scilly	3	218	1031	10.41
Coventry and Warwickshire	8	93	320	1.58
Derby and Derbyshire	7	78	271	1.27
Devon	12	769	2848	12.44
Dorset	2	197	683	4.65
Frimley	7	164	645	4.67
Gloucestershire	5	141	534	4.81
Greater Manchester	23	505	1483	2.20
Hampshire and Isle Of Wight	18	346	1252	4.00
Herefordshire and Worcestershire	3	122	398	3.21
Hertfordshire and West Essex	10	154	629	2.15
Humber and North Yorkshire	11	1045	3670	11.05
Kent and Medway	13	496	2703	8.19
Lancashire and South Cumbria	17	244	604	1.49

<b>Leicester, Leicestershire and Rutland</b>	5	128	389	1.67
<b>Lincolnshire</b>	2	347	1389	11.67
<b>Mid and South Essex</b>	10	207	745	3.37
<b>Norfolk and Waveney</b>	8	778	3251	17.48
<b>North Central London</b>	7	77	278	0.92
<b>North East and North Cumbria</b>	25	1438	4054	6.07
<b>North East London</b>	11	118	280	0.70
<b>North West London</b>	18	81	212	0.42
<b>Northamptonshire</b>	1	154	503	3.90
<b>Nottingham and Nottinghamshire</b>	2	167	544	2.39
<b>Shropshire, Telford and Wrekin</b>	2	172	744	8.65
<b>Somerset</b>	4	175	593	5.70
<b>South East London</b>	10	70	282	0.80
<b>South West London</b>	10	71	276	0.92
<b>South Yorkshire</b>	9	575	1673	5.07
<b>Staffordshire and Stoke-on-Trent</b>	4	173	516	2.08
<b>Suffolk and North East Essex</b>	7	184	879	4.99
<b>Surrey Heartlands</b>	13	280	1193	6.63
<b>Sussex</b>	15	492	2190	6.84
<b>West Yorkshire</b>	25	419	1147	2.03



# Appendix 3: our calculations

Appendix 2 shows the raw data we received. Within this document we have also referenced figures based on additional analysis of that data we conducted. Below is a description of what we did with the raw data.

## **Calculating permanent closures as a percentage of total pharmacies**

For calculating the figure of closures during our reporting period as a percentage of total pharmacies, and for calculating closures as a percentage of total pharmacies for individual ICBs, we used data on the number of community pharmacies from NHS Business Services Authority for 2022/23.<sup>7</sup>

## **Calculating hours of closures per pharmacy**

That NHS BSA data shows a substantial range in the number of pharmacies in each ICB, from 674 in Greater Manchester to 86 in Shropshire, Telford and Wrekin. To do meaningful analysis of the raw data, we needed to control for how many pharmacies each ICB has. To do this, we created our 'hours of closure per pharmacy' metric. We created this using the NHS Business Services data referenced above and our raw data from each ICB on total hours of closures.

## **Calculating rurality**

We noted that many of the ICBs with the highest hours of closures per pharmacy were those that cover more rural parts of the country. We wanted to investigate this. To do so, we needed to create a measure of rurality for each ICB.

The Office for National Statistics (ONS) publishes a 'rural urban classification'. This is an eight scale from 'urban major conurbation' to 'rural village and dispersed in a sparse setting'. The ONS does not publish this data at ICB level, but it does publish it at Lower Super Output Area (LSOA) level,<sup>8</sup> giving every LSOA

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<sup>7</sup> [General Pharmaceutical Services in England 2015/16 - 2022/23](#), NHS Business Services Authority, 2023

<sup>8</sup> [Rural Urban Classification \(2011\) of LSOAs in EW](#), Office for National Statistics, 2022

in England a ranking on this scale. It also publishes data that matches each LSOA in the country to an ICB.<sup>9</sup>

To create a rurality rating for an ICB, we assigned each point on the scale a number and then calculated the mean for all the LSOAs within that ICB.

### **Calculating population over 60**

We know from previous work that older people make greater use of pharmacies, so we decided to look at what trends there might be by age. To do this, we created a metric for each ICB for the population over 60 and over 80. We did this using NHS England's data,<sup>10</sup> which gives the number of people in each five-year cohort from 0 to 85+ for each ICB.

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<sup>9</sup> [LSOA \(2021\) to SICBL to ICB to LAD \(April 2023\) Lookup in EN](#), Office for National Statistics (2024)

<sup>10</sup> [Supporting spreadsheets for allocations 2023/24 to 2024/25](#), NHS England, 2024



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