

Evaluating the effectiveness of the Pharmacy First service in Wiltshire

August 2025



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About Healthwatch

Healthwatch Wiltshire is your local health and social care champion. We're here to listen to the issues that really matter to people and to hear about your experiences of using local health and social care services.

Healthwatch Wiltshire uses your feedback to better understand the challenges facing the NHS and other care providers and we make sure your experiences improve health and care for everyone – locally and nationally. We can also help you to get the information and advice you need to make the right decisions for you and to get the support you deserve.

About this report

Every year, Healthwatch Wiltshire set priority areas of Health and Social Care to focus on within its work. For 2024/25, this included taking a closer look at pharmacy provision. After listening to what the public are telling us, and liaising with partners in the county, Healthwatch Wiltshire decided to look at the implementation of the Pharmacy First scheme.

This research has been a small scale, snapshot survey of the Pharmacy First service undertaken between January and March 2025. The purpose has been to understand the current status of the Pharmacy First service in Wiltshire. Our objectives were to:

1. Hear from members of the public about their understanding of the service and how they use it.
2. Hear from pharmacists and understand from them how the service is operating 12 months after implementation.
3. Identify successful implementation of Pharmacy First and how that has been achieved.
4. Explore barriers to successful implementation of Pharmacy First.
5. Reflect on the new way of working. Evaluate satisfaction and identify ways to continue its successful embedding.

Our research framework

We used a mixture of surveying and conversations:

Type of research	Extra information	Number of engagements
Online survey	Takes approximately 5 minutes to complete	69
Site visits	Talking to people in public buildings e.g. libraries and leisure centres	8
Interviews	1:1 conversations with pharmacists	8
	Service and strategic leads, ICB, Wiltshire Council, primary care, voluntary sector, etc.	6

Conversations were held with a mix of providers – a pharmacy in a large supermarket setting, and smaller community pharmacies in high streets and in shared premises with GPs. We spoke to both permanent staff and locum pharmacists, some of whom work regularly in the same setting, others only occasionally in the setting where we spoke to them, but who have additional experience of delivering Pharmacy First elsewhere.

The Healthwatch survey took place at the same time as work by Public Health Wiltshire on Pharmaceutical Needs Assessment in the county. That work focusses on service need and future planning based on population change in Wiltshire, not on peoples' views of the service.

Context

The government and NHS England launched the Pharmacy First programme on 31st January 2024 to provide patients with fast and accessible care in ways which would also reduce the pressure on GP services.

Pharmacy First enables community pharmacists to provide prescription-only medications, including antibiotics and antivirals, when clinically justified, to address seven minor health issues without requiring an appointment with a GP. Proposals for the expansion of community pharmacy services into Pharmacy

First were outlined in the January 2024 NHS England Update on Pharmacy First: <https://www.england.nhs.uk/long-read/update-on-the-pharmacy-first-service/>

Changes are continuing to take place in the ways patients access prescription only medication so that repeated GP visits and delays in treatment can be avoided. This can result in repeated GP visits and delays in treatment. The introduction of the new Pharmacy First service is expected to free up GP appointments to give people quicker and more convenient access to safe and high-quality healthcare. This includes the prescribing and supply of appropriate medicines for the 7 conditions.

Community pharmacies offer a more convenient way to access healthcare that includes support with healthy eating, exercise, stopping smoking, monitoring your blood pressure, contraception, flu and covid vaccinations. An Ipsos Mori poll in 2023 surveying community pharmacy users showed that overall, pharmacy users continue to be satisfied with community pharmacies in England and from the findings people in England are largely comfortable with pharmacists taking a more prominent role, and reported receiving good advice.

In addition, the government and NHS England are committed to ensuring patients receive the right treatment at the right time. And have said, "The NHS Long Term Plan highlights the need to make greater use of community pharmacists' skills and opportunities to engage patients. This is why we have launched a new Pharmacy First service."

The seven common conditions which can be assessed and treated with prescribed medication by pharmacists are:

- Sinusitis (For patients aged 12 years and above)
- Sore throat (For patients aged 5 years and above)
- Earache (For patients aged 1-17 years)
- Infected insect bite (For patients aged 1 year and above)
- Impetigo (a bacterial skin infection; For patients aged 1 year and above)
- Shingles (For patients aged 18 years and over)
- Uncomplicated urinary tract infections in women (For women aged 16-64 years)

Executive summary

The research undertaken showed a fairly low recognition amongst the public surveyed of Pharmacy First, although those who have used it are relatively satisfied with the service. Pharmacists themselves were clear about the impact of the service on their role, both positive and less positive.

Pharmacists also shared what they saw as enablers and blockers for the service and how it might be developed in future. The research and surveying highlighted that Pharmacy First sits at a junction just now where there are options to select to develop the service gradually and steadily, or risk the service being crushed by too much demand all at once without minimising the challenges which have been discussed with service providers.

Key findings

The online survey showed that 41% of the people had heard of Pharmacy First, and of those 65% were satisfied with the service they received and felt that had saved time. As Pharmacy First service was able to get underway modestly pharmacies could develop it in line with other parts of their business, and it has now become embedded in the delivery of primary care in Wiltshire.

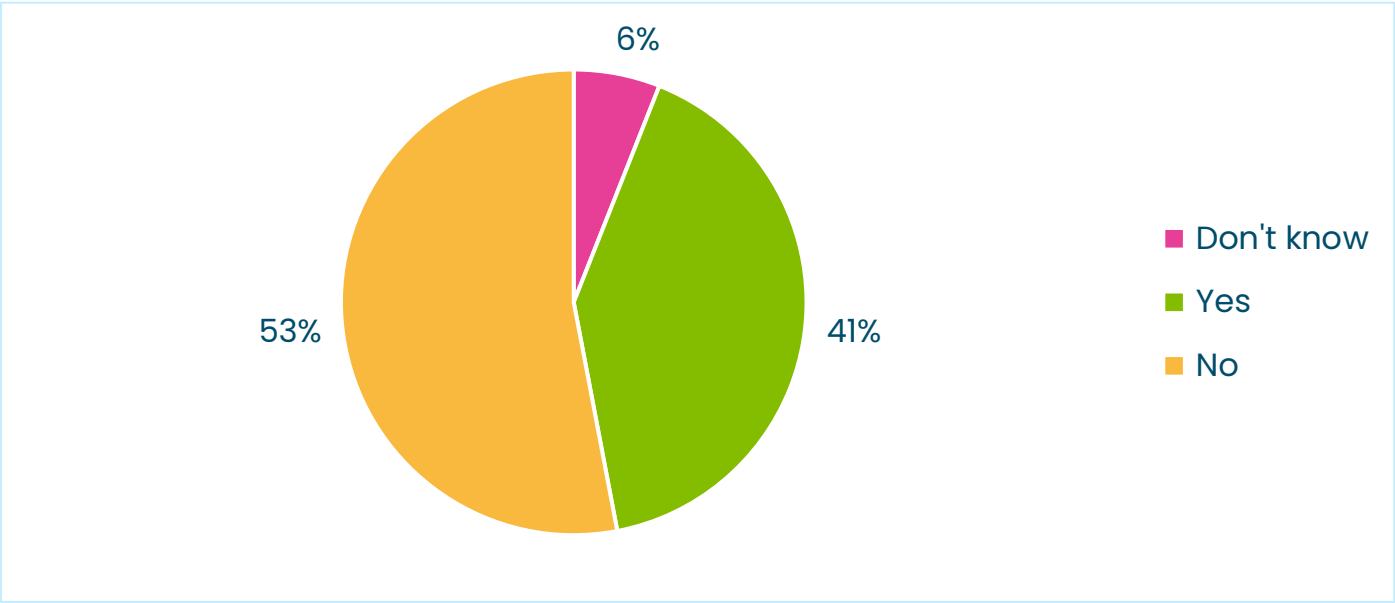
Responses to the survey questions about public awareness showed that 57% of people did not know whether a pharmacy near to them provided a Pharmacy First service, although those who did know were confident about being able to explain the new service to a friend.

20% of respondents still needed to see their GP.

Awareness

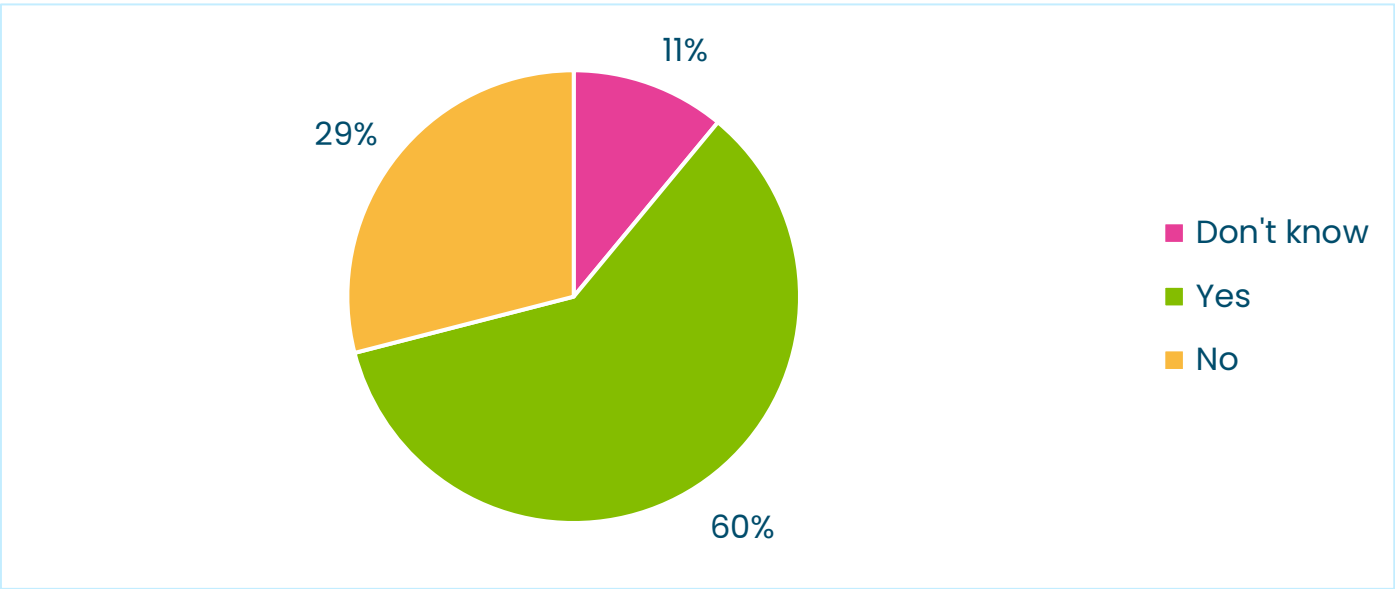
Have you heard of Pharmacy First?

41% of people have heard of Pharmacy First, while 53% have not.

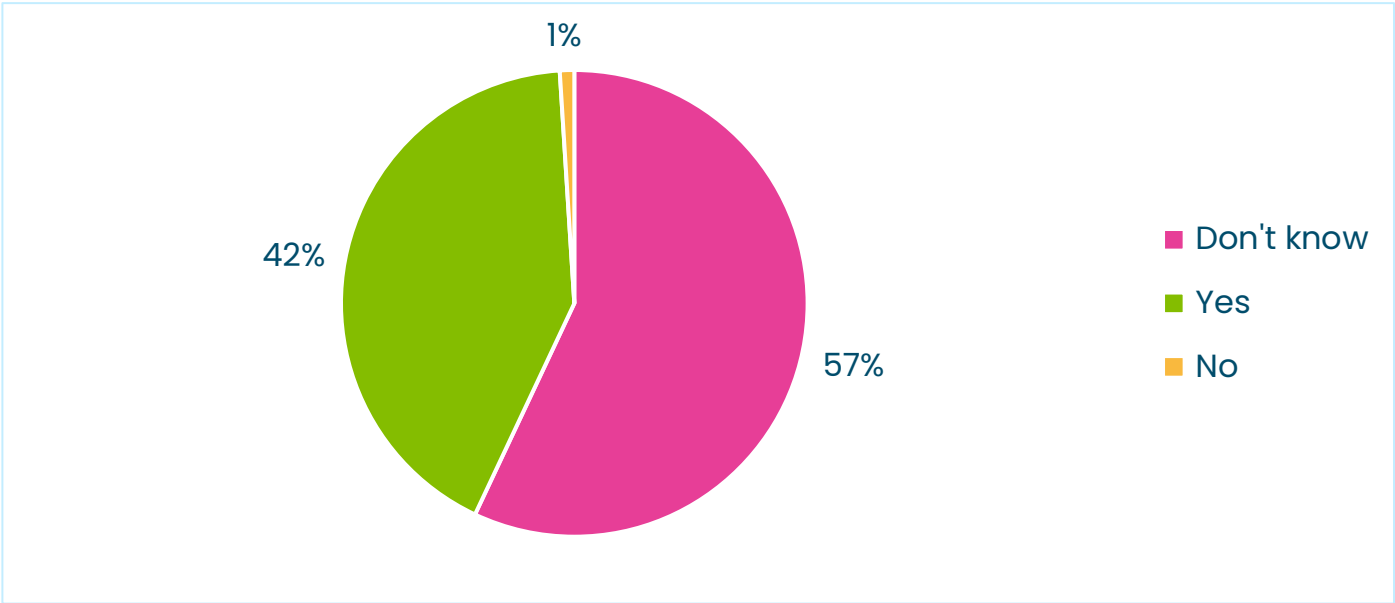


Could you explain Pharmacy First to a friend?

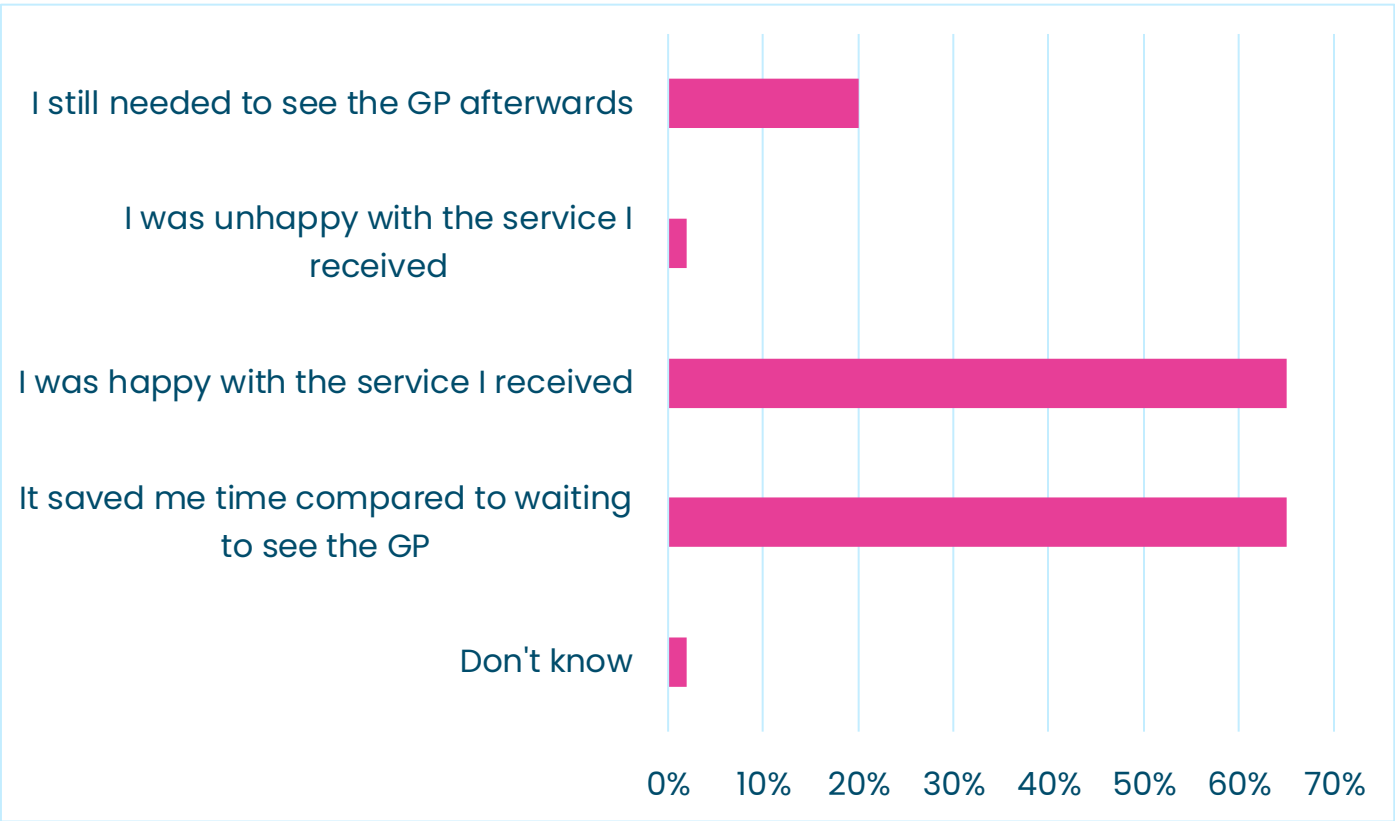
When asked this question, 60% of those who had heard of Pharmacy First (of 41% – see above) said they could explain the service to a friend.



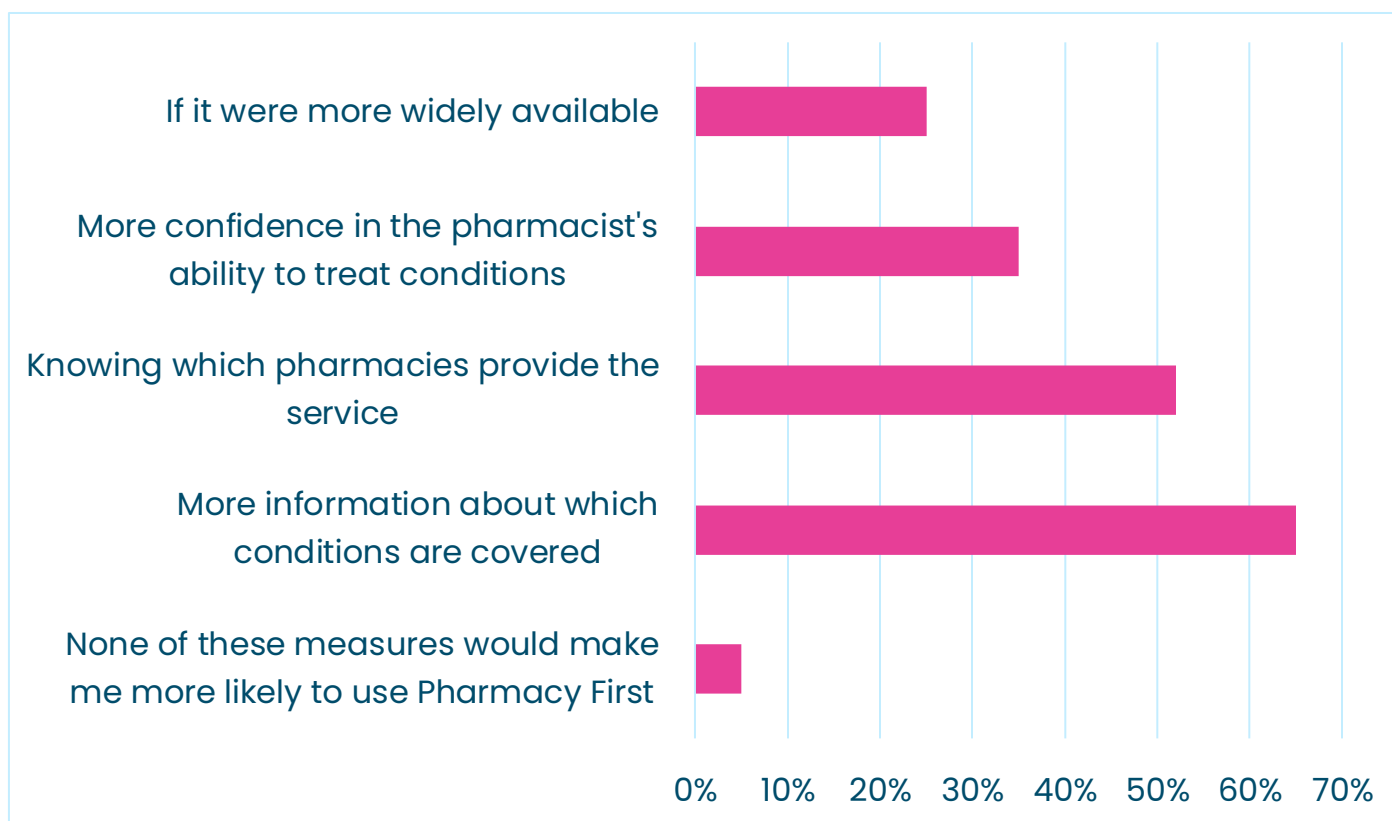
Does a Pharmacy near you provide Pharmacy First?



Satisfaction with the service



We asked people what would encourage them to use Pharmacy First



Healthwatch Wiltshire wanted to hear from pharmacists who provide Pharmacy First services. There has been a positive response, with one pharmacist saying that Pharmacy First was “relatively well prepared for in Wiltshire, compared with other areas, and was a natural progression from the pre-existing Community Pharmacist Consultation Service (CPSC)” which already covered treatment for four illnesses.

Another pharmacist ‘marked’ Pharmacy First as 8.5/10, another as 9/10 and a third as ‘nearly 10 out of 10’.

There have been good successes, but some challenges along the way which as they get ironed out will go on to create service improvements.

Pharmacists consulted by Healthwatch Wiltshire see fewer than 5 Pharmacy First consultations per week, also saying “Demand goes up and down sharply – which is difficult for a small pharmacy to manage, and can sometimes result in additional waiting time for other customers or patients.”

How has successful implementation happened?

There is clear evidence of clarity about the purpose of Pharmacy First and that its delivery makes good logical and business sense for a pharmacy to take on.

There has been successful implementation where there is already high footfall, or high volume for prescriptions, and the service is convenient for patients to access.

Key features of successful Pharmacy First implementation have included:

- Sufficient skilled staff are available, and at busy periods double cover.
- The store has 2 people available every day which is necessary to make it operable, but expensive.
- Where a business has more than one store they can share resources such as staff capacity.
- Other staff have developed greater know-how about criteria and conditions and can 'triage' the service somewhat.
- A pharmacy has a highly effective set of systems specifically for Pharmacy First service delivery.
- The feelgood factor of effective service delivery. One pharmacist shared feedback "from a parent whose daughter had been treated 4 weeks ago, he returned with her again today with a further query – because their earlier experience had been so good.
- Good pharmacist/GP working relationships. One pharmacist's experience included offering frequent training to GPs to cover staff turnover – for all staff, GPs, GP trainees, reception staff, etc. This pharmacy also completes a monthly report to both GPs practices locally with data on each case, as well as reports on what they have not been able to do. There may be scope for these approaches being taken forward more widely.
- Having a good understanding of its impact on the pharmacy and pharmacist's wider service delivery, and seeking out opportunities which the service extension offers.

What have been some of the barriers to success?

In our discussions, pharmacists shared some of the challenges and pressure points which they had encountered and been working through during the year since Pharmacy First was introduced. The following are candid responses from people delivering the service currently, and include:

- Pharmacy First is a good scheme though delivery can be challenging to schedule when other seasonal or ad hoc work comes along, for instance flu jabs. There is other significant workload (unseen by the public) such as bulk prescriptions for care homes, and regular community prescribing.
- Appropriately qualified staff are required to ensure delivery of Pharmacy First, in addition to normal business delivery.

- Training at beginning was lacklustre and ‘shocking’ in quality for some pharmacists, as well as there being assumptions about the professional competencies of the workforce. (For instance, an assumption about skill in using specific clinical equipment such as otoscope, particularly with small children). Access to training for permanent and locum staff was different which was challenging for some.
- It is hard to do consultation and subsequent paperwork in under 15 minutes (very occasionally it can be 12). With the current fee paid there is a £3 surplus on a pharmacist’s hourly rate, and with other costs taken into account this equates to a £10/hour loss.
- Relationships with GPs were generally adequate to good across the pharmacists we spoke to, and not bad, but there was a view that they could be much better. One pharmacist commented that they work from the same building as a GP practice but referrals are not made. This could be because GPs do not always do the referring – referrals can come from unqualified/non-clinical member of staff (receptionists typically) which can result in misuse of Pharmacy First, e.g. a patient had been sent away from a telephone call with a GP practice for shingles symptoms as not needing treatment, whereas when they presented at the pharmacy the pharmacist could diagnose, and did prescribe antivirals.
- Another pharmacist commented “...But 30 – 40% of referrals are not suitable”; and in their opinion this was because the referrals had not come from the GP themselves.

Some suggestions for the future from pharmacists

We heard from pharmacists that they can see how they could do more. Pharmacy First is a good, patient-friendly service. There was a view that some relaxation of some of the restrictions would enable the delivery of more treatments and services. These fall broadly into the following areas:

Extending the number of conditions treated.

Broadening the specifics of individual conditions would be helpful such as making changes to the specified age ranges, e.g. for UTIs; or treating outer ear infection as well as middle-ear; or with shingles a number of exclusion criteria mean that a patient is more likely to go directly to GP as a one-stop appointment rather than have an unsatisfactory visit to Pharmacy First when they are unwell or in pain. Such nuances whilst clear for clinical professionals, and set within the Patient Group Directions¹ can be difficult for members of the public to understand.

¹ A Patient Group Direction (PGD) is a legal instruction allowing certain non-medical healthcare professionals to give medicines to groups without prescriptions

Deployment of pharmacy technicians to undertake some pharmacist's duties whilst the Pharmacy First service is delivered in store by pharmacists.

As demand goes up and down quite sharply it can be hard to manage, particularly for a small pharmacy to manage, and being able to use a mix of staff flexibly there could be greater opportunities for expansion or better customer service. One pharmacist said: "Having the capacity to fund and arrange double staff cover at busy periods would be beneficial. Or building on the work of developing other staff to have greater know about Pharmacy First criteria and conditions and being able to 'triage' the service.

The working relationship with GPs in the implementation of Pharmacy First has been mixed.

We did not hear negative feedback, rather comments such as "good communications is a work in progress", "These [communications] are not bad, but could be much better. We are on the same site as GP but referrals not made". "Communications are generally cumbersome." There was a general feeling of wishing there was more formality and structure around the processes and a requirement for an effective working relationship. A seamless referral process, and automatically enabling data sharing could benefit patients and the whole health sector, whilst creating an environment where there were few opportunities for misinterpretation and mixed standards in approach.

Simple adaptations/additions which could improve and expand specific elements of delivery – e.g. improved promotion of the service by advertising in and outside pharmacy shops to raise public awareness.

Better awareness of the facility to provide translation for those whose first language is not English. Access to translation services could be more thoroughly systematised so that barriers for certain user groups would be taken away or minimised. [In the course of the survey work Healthwatch Wiltshire has linked the Wiltshire Council team for the Refugee and Migrant Advisory Service with a council lead for Pharmacy First, having heard of the barriers some are facing.]

More funding would enable service development but also sustain Pharmacy First at its current level in some places.

There will be a limit to how long a business owner can support a service which does not fund itself, and can even be a loss-making service. (One pharmacist estimated this to be "to the tune of £500,000 over 4 years".) A pharmacist suggested that development of the IT recording system both of the consultation interaction and of the feedback to GPs would be useful as Pharmacy First develops.

As the service develops and grows the difference between the business models which pharmacies and GPs operate may result in unintended complications. Are the differences articulated and acknowledged – and should there be a practical consideration of the models?

Conclusions

There has been good engagement with the survey's investigations, and both positive feedback and considerations about the future, as well as some realistic comments about the implementation period.

It was noted that elderly patients and working professionals were positive about the service for reasons of convenience as well as the face-to-face availability of a pharmacist. There was a cautionary note about 'pharmacy deserts' in Wiltshire, because of distances and closures, both of which mean the service is not equitable across the county. Pharmacy closures threaten this new way of delivering services.

There is still a certain lack of clarity for referrers and members of the public about the 7 conditions and associated criteria. This suggests more training required. At this stage it is not a significant problem that awareness is low – focussing solely on it would not be helpful. If it can be raised and managed gradually this can happen at the same time as the readiness of the wider primary care health environment system is developed.

When compared to a GP visit the range of commercial opportunities and health related provision available in pharmacies offers improved services for patients. Equally, pharmacists are clear that delivery of Pharmacy First adds value to their service delivery and business. A greater number of treatable conditions could bring higher footfall and enhance this further.

There is good engagement about and perception of potential improvement opportunities from pharmacists which could be further engaged to consider next steps.

Recommendations

In considering the research findings the following recommendations could be considered for further development and when considering next steps for Pharmacy First in Wiltshire.

Generic promotion

We found that general awareness and understanding in the general public about Pharmacy First was below 50%. A broad campaign to promote the service more widely will increase knowledge and lead to more informed usage, to greater trust and to Pharmacy First being part of a more streamlined primary care provision.

Community-specific publicity

A strategically-led but locally focussed campaign to increase knowledge of Pharmacy First. Different segments of the community in Wiltshire could make more use of the service if promotion and marketing were directed at their specific requirements. This could major on different things such as convenience with no need for an appointment, and the flexibility offered by longer hours.

Pharmacy First can have greater appeal for people who work full time. For those communities such as some Traveller communities who are not registered with a GP, Pharmacy First could be more convenient. For others, the very local nature of Pharmacy First appeals because a pharmacy may be geographically nearer to them than a GP.

Translation

As pharmacists have more or longer conversations with patients and services continue to develop with different communities it is recommended that further work is undertaken to explore the need for translated materials, and translation services. Where there are patients for whom English is not their first language, pharmacists need to be equipped with effective translation tools for consultations as GPs are.

References

Pharmacy First: www.england.nhs.uk/primary-care/pharmacy/pharmacy-services/pharmacy-first/

NHS Long Term Plan: www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

NHS England Update on Pharmacy First: www.england.nhs.uk/long-read/update-on-the-pharmacy-first-service/

Public perception of Community Pharmacy:
www.ipsos.com/sites/default/files/ct/news/documents/2024-03/public-perceptions-of-community-pharmacy-report-2023.pdf

www.gov.uk/government/news/patients-and-pharmacies-to-benefit-from-changes-to-supervision

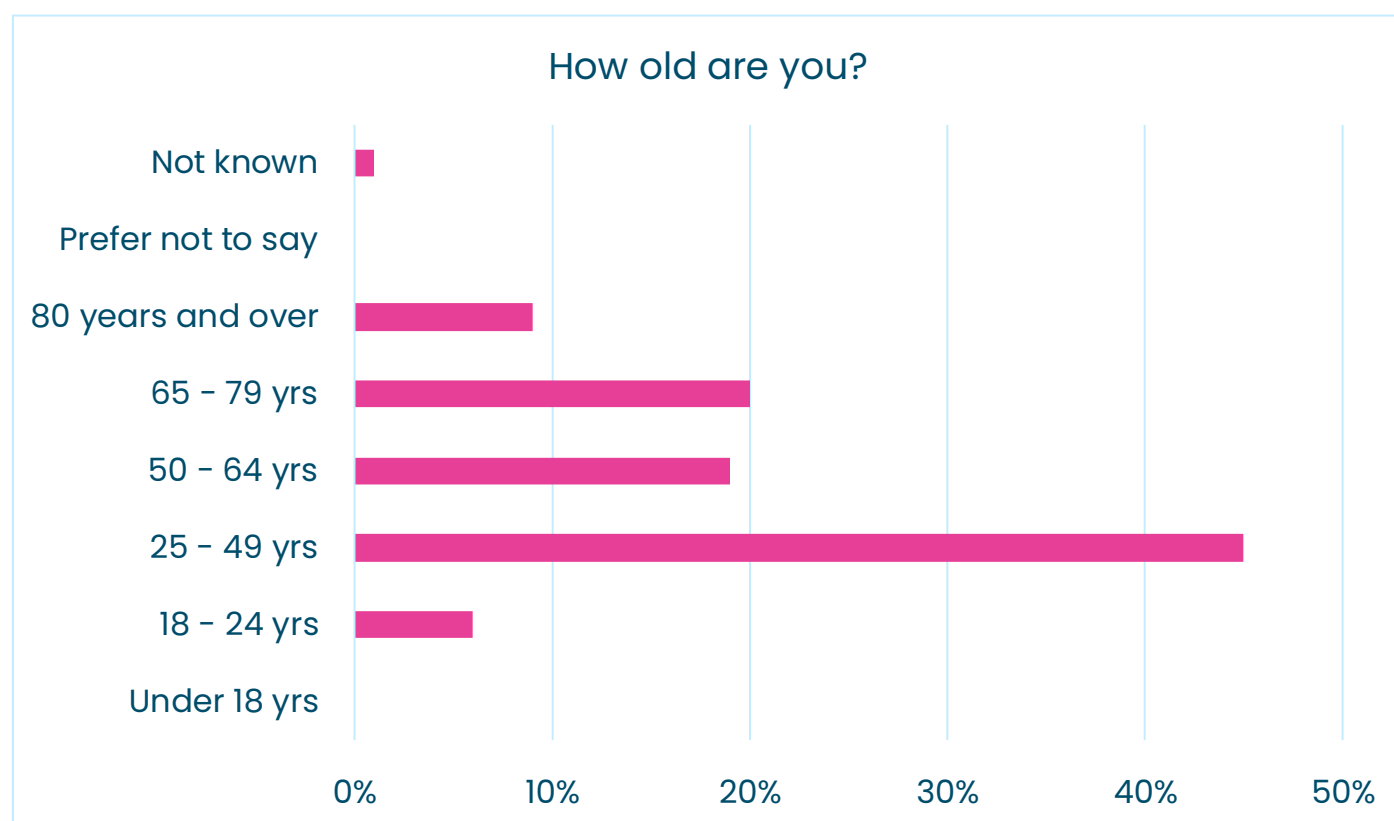
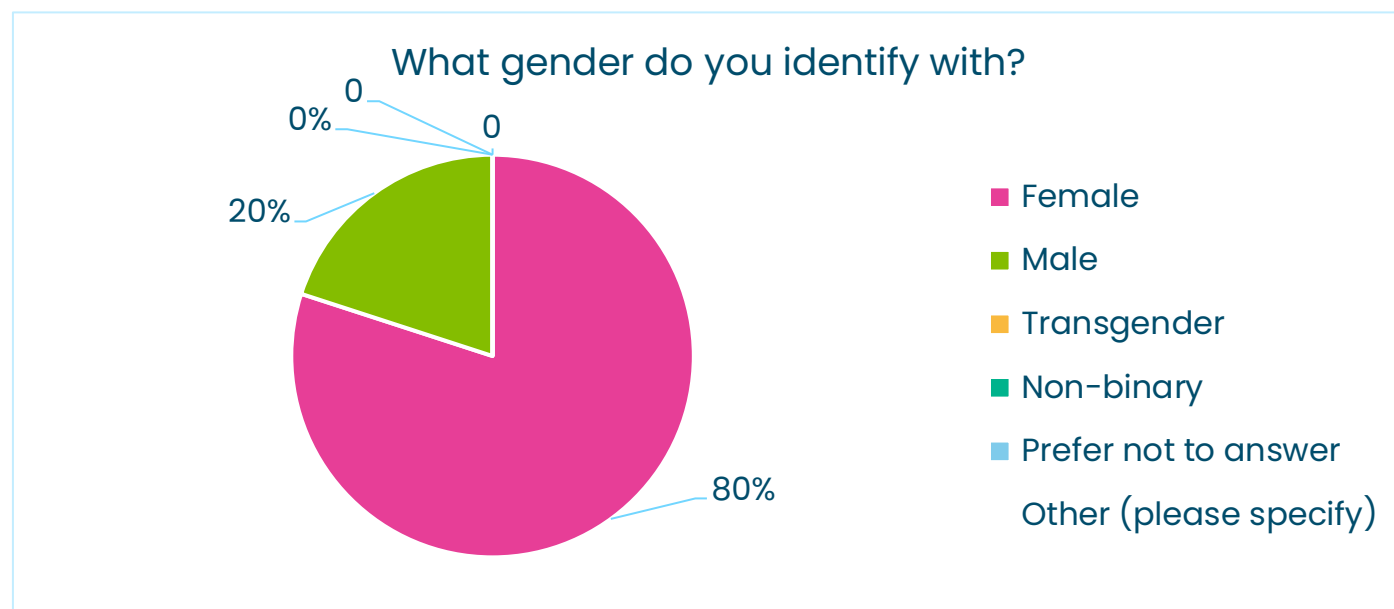
Commissioning of evaluation of Pharmacy First:

www.lshtm.ac.uk/newsevents/news/2024/ps24m-funding-evaluate-nhs-pharmacy-first-service

www.pharmacymagazine.co.uk/opinion/editors-view-sector-let-down-by-pharmacy-first-it-shambles?

Who responded to our survey?

Demographic data





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