

Pharmacy First: The Hidden Healthcare Resource



**Pharmacy
First** 

September 2024



**Engaging
Communities**
Solutions

Executive Summary

Engaging Communities Solutions CIC undertook a project across the seven local Healthwatch it delivers to explore public knowledge and experience of the Pharmacy First service that was introduced in January 2024.

757 people took part in the survey, and it was found that **39%** of those people had no knowledge of Pharmacy First at all.

Sources of information on the service were varied but people were most likely to have heard of the service from a pharmacist including from posters in pharmacies and audio announcements in larger national chains.

Satisfaction levels amongst those who had used the service were high with **86%** of people rating it as good or very good. However, there were some frustrations with the perceived limitations of the service, particularly in relation to poor signposting or an inability to treat minor ailments in those with other existing health conditions.

The project also explored public knowledge of the additional services offered by pharmacies and it was found that knowledge of services was variable. Knowledge and use of flu vaccinations and blood pressure checks were relatively high but knowledge of some of the other services was low. Whilst some of the services are relatively specialised it might be expected that services such as contraception services might be more widely known of.

Overall, it was found that for Pharmacy First and the other additional services already offered by community pharmacies, there were low levels of awareness. There is a need for wider sharing of information about what can be offered through community pharmacies to impact the pressures on GP appointments.

Introduction

Engaging Communities Solutions CIC (ECS) are a not-for profit company that delivers local Healthwatch in seven local authorities across the Northwest of England, West Midlands and East of England. As a provider of local Healthwatch we are the independent voice of the public in health and social care, gathering feedback from the public and working with service providers and commissioners to improve services.

We have undertaken a project to understand the knowledge and experiences of people across our local Healthwatch areas and beyond in relation to Pharmacy First services.

Pharmacy First was launched on 31 January 2024 and builds on previous service provision under the Community Pharmacist Consultation Service (CPCS).

Pharmacy First enables the public to access community pharmacies and be provided with advice, prescription medication or referral to another healthcare professional by a pharmacist. There are seven common conditions that community pharmacists are now able to provide prescription medication directly to patients for when appropriate as well as the services that were provided under the previous CPCS.

The seven conditions that are part of the new service are:

- 1. Sinusitis- aged 12 and over**
- 2. Sore throat- aged 5 and over**
- 3. Earache- aged 1-17 years**
- 4. Infected insect bite- 1 year and over**
- 5. Impetigo- 1 year and over**
- 6. Shingles- 18 years and over**
- 7. Uncomplicated urinary tract infections- Women aged 16-64 years**

These are in addition to the other ailments that the public were already able to consult a community pharmacy for advice on.

- Aches and Pains- such as back pain, headache or period pain.**
- Accidents- such as sprains, minor cuts and grazes.**

- **Colds, flu and other infections- such as cough, congestion, fevers and/or temperature**
- **Eye care- such as conjunctivitis, styes**
- **Hay fever- that is not controlled by over-the-counter remedies**
- **Rashes**
- **Skin problems- such as athlete's foot, cold sores, mild eczema or psoriasis**
- **Stomach aches- such as constipation, diarrhoea, or indigestion.**
- **As well as the provision of oral contraception and blood pressure checks.**

The new service can be accessed directly as a walk-in to a participating pharmacy where they can offer an appointment or see people immediately depending on service capacity. The public can also be referred to a pharmacist by GP practices; NHS 111; Urgent or Emergency care; or ambulance services.

The aim behind the service is to free up 10 million GP appointments a year, enabling GPs to concentrate resources on more serious ailments and the care of people with long term conditions.

Methodology

The project was undertaken using a questionnaire that was available online and as a paper-based questionnaire where needed. A British Sign Language translation of the questionnaire was embedded within the online version.

All seven of our local Healthwatch undertook the survey and were responsible for the collection of survey responses in their areas. They shared the online survey through their websites and social media channels and undertook in person engagement to complete surveys face to face at pharmacies and other locations where they were carrying out community outreach. ECS also corporately shared the survey opportunity through social media and on the ECS website.

Report findings

There was a total of **757** responses to the survey across our local Healthwatch areas and

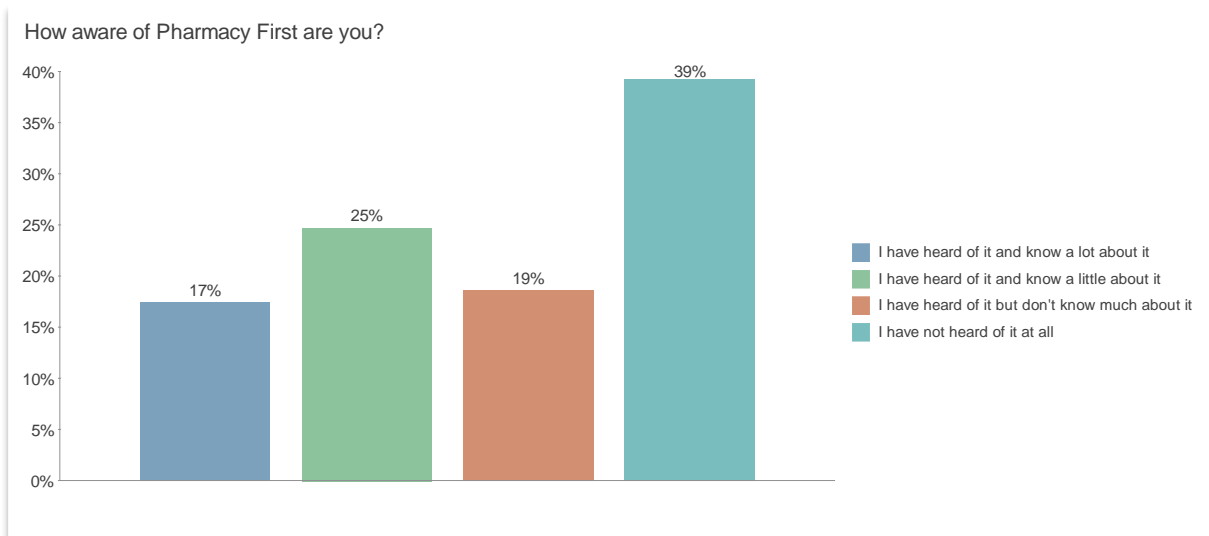
beyond. The survey was open to anyone who wished to complete it and therefore, there are several responses from people who do not live in any of the seven areas where we currently deliver local Healthwatch including Derbyshire, Staffordshire and Devon.

People were asked their age group as part of the survey and people of working age made up the highest number of people responding to the survey. People aged 18-64 years made up **62%** of the people responding to the survey. People aged 65 years and over accounted for 35% of people taking part and those aged 16-17 years made up **2%** of people the people who responded to the survey.

71% of the people who responded to the survey said that they were women and **27%** said that they were men. **1%** of people said that they identified as non-binary and a little under **1%** each said that they identified as intersex or preferred to self-identify.

People were asked about their ethnic background. **74.5%** of people said that they were from White backgrounds. A little under **14%** said that they were from an Asian or British Asian background. Just under **5%** said that they were from a Black or Black British background and just under **4%** said that they were from a mixed or multiple ethnic background. **1.6%** said that they were from an Arab background.

46% of the people who took part in the survey said that they had a long-term health condition and **22%** said that they had a disability.



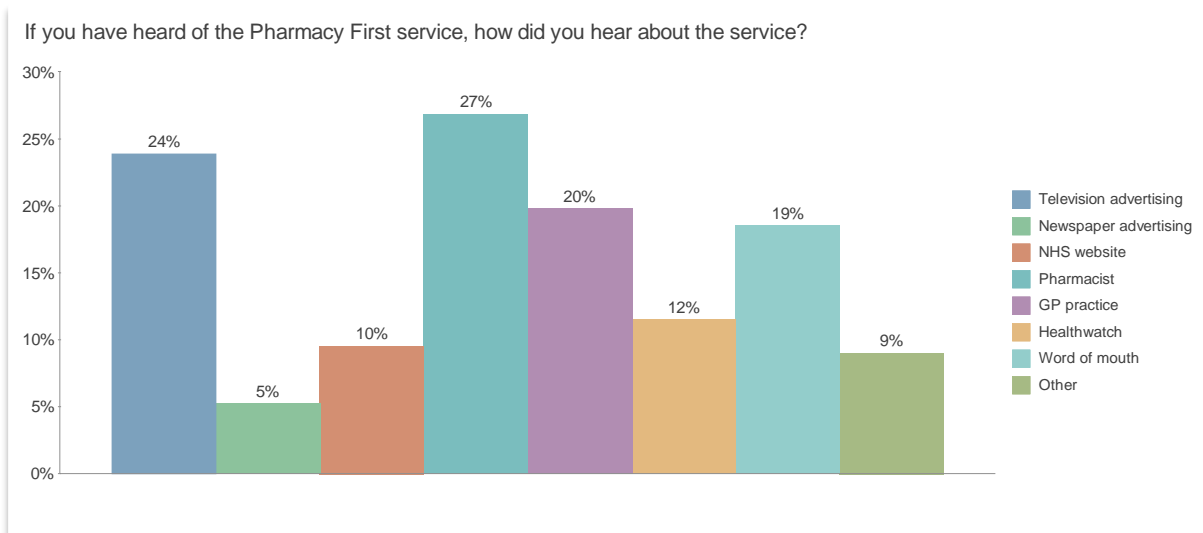
39% of the people who took part in the survey said that they had not heard of Pharmacy First at all. **17%** said that they had heard of Pharmacy First and knew a lot about it and **25%** said that they had heard of Pharmacy First and knew a little about it. **19%** said that they had heard of Pharmacy First but did not know much about it.

A higher percentage of people from Bedford Borough and Stoke-on-Trent said that they had not heard of Pharmacy First at all with **53%** and **52%** respectively saying they had not heard of it. **48%** of people in Telford and Wrekin also said that they had not heard of it.

However, Telford and Wrekin were also the area with the highest percentage of people said that they had heard of Pharmacy First and knew a lot about it, with **31%** of people said that they knew a lot about it. Halton had the lowest percentage of people who said they had heard of Pharmacy First and knew a lot about it at **7%**.

There was little difference between the age groups as to whether they were likely to have heard of Pharmacy First and their levels of knowledge of it, however, both the 18–24-year-old group and over 80 years group were most likely to have no knowledge at all of the service- with just over **60%** in each group saying they had not heard of the service.

There were no significant differences between different demographic groups as to whether they were likely to have any knowledge of the service or not.

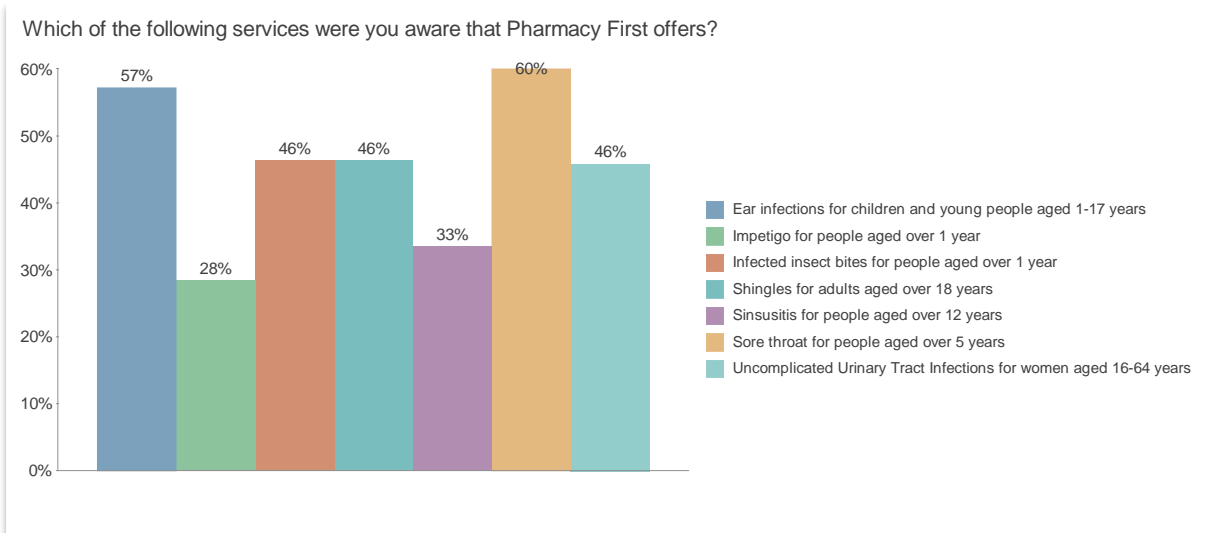


People who had heard of Pharmacy First were asked about how they had heard of the service, they were able to choose all the options that were applicable to them.

27% of people said that they had found out about the service from a pharmacist and **24%** said that they had found out about it from television advertising; **20%** knew about it from their GP practice and **19%** from word of mouth.

12% knew about it through Healthwatch and **10%** through an NHS website; **5%** had seen newspaper advertising.

9% indicated that they had heard of Pharmacy First through a different means. The main way that people added to how they had heard of it was through social media including X and Facebook; others said that they had heard about it from the radio and one that they had heard of it from a political podcast. People who work in the NHS also said that they had heard about it from their workplace.

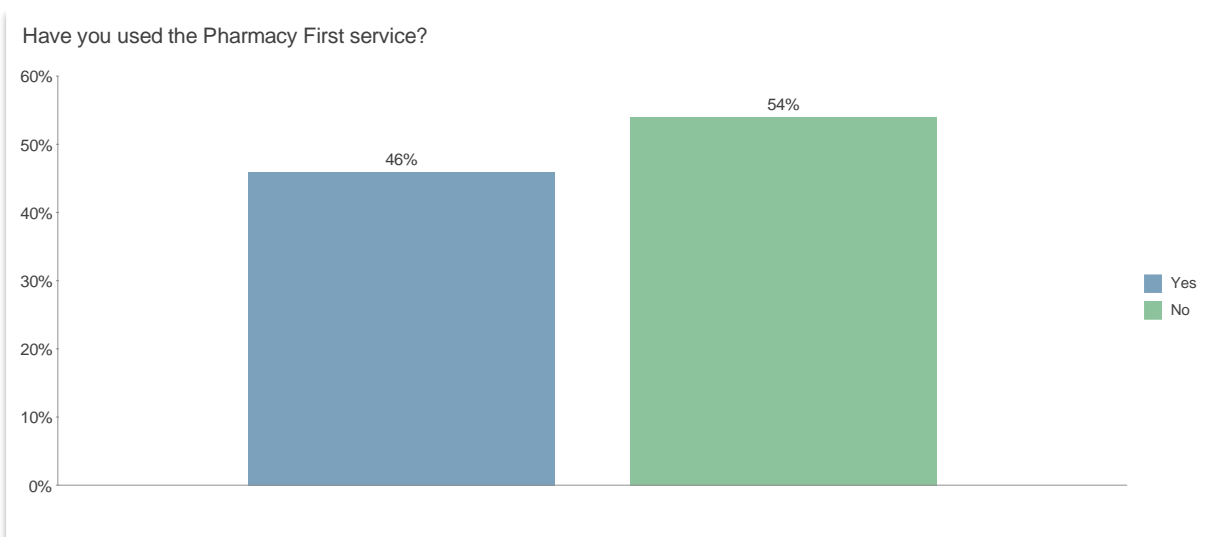


Those who had heard about Pharmacy First were asked about their awareness of the new services that were included in the Pharmacy First offer.

60% of people said that they were aware that Pharmacy First included a service for sore throats for people over the age of 5 years; **57%** knew that it included ear infections for children aged 1-17 years.

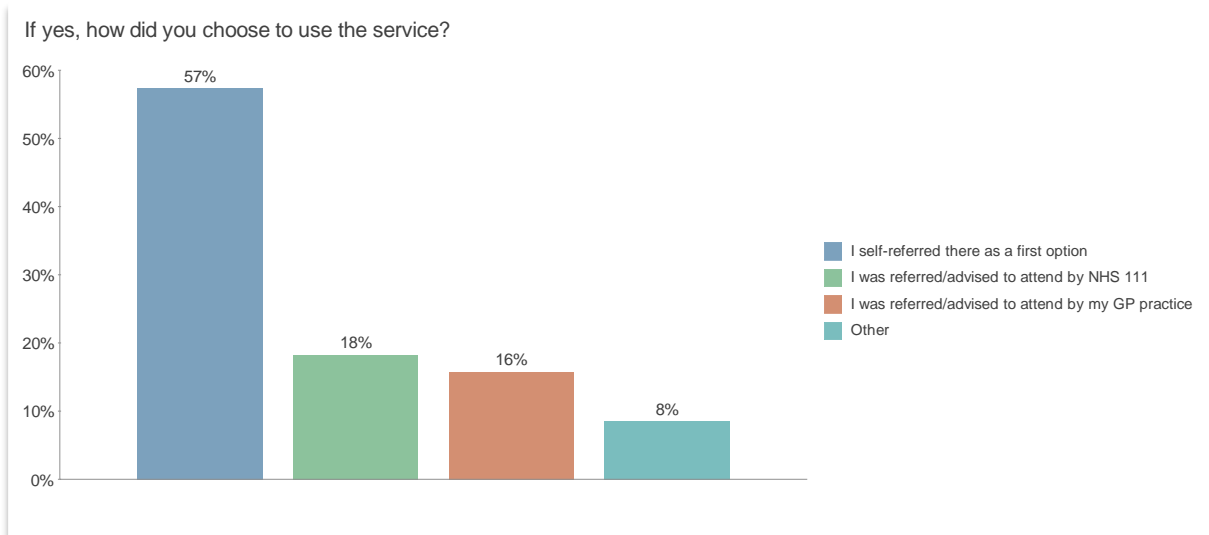
46% of people knew about the service including infected insect bites and the same knew about the service including shingles for people over 18 years. **46%** also knew that it includes uncomplicated urinary tract infections for women aged 16-64 years.

33% knew that it included sinusitis for people over the age of 12 and **28%** knew that it included impetigo for people aged over the age of one.

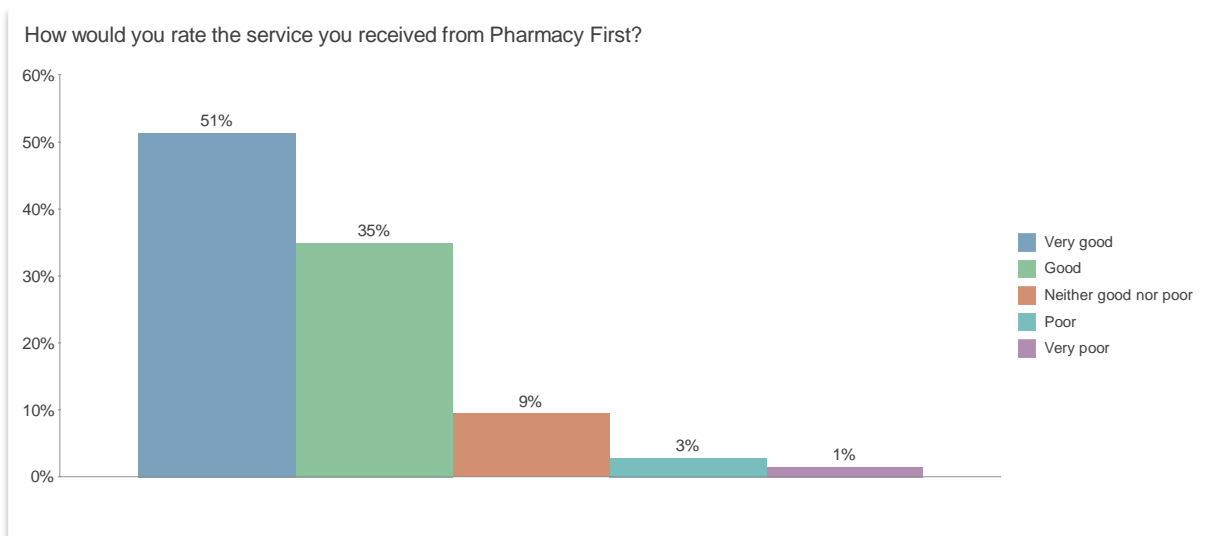


When asked if they had used the Pharmacy First service, **54%** of people said that they had not used it and **46%** said that they had used it.

There were no significant differences between different demographic groups in whether they were more or less likely to have used the service.



Of those who had used it, **57%** of people said that they had self-referred to the service as a first option. **18%** said that they were referred to the service by NHS 111 and **16%** were referred by their GP practice. **8%** of people chose other as an option. Although people were asked to provide details of what other reason they chose to use the service, people said that they had used the service for reasons relating to the options that they were given including seeking advice from the GP practice first or choosing to self-refer after seeing an advert on television or on social media.



Those who had used Pharmacy First were asked to rate their experience of the service. **51%** of people said that it was very good and **35%** said that it was good; **4%** of people said that it was very poor or poor and **9%** gave a neutral answer.

People were asked for the reasons for their rating and their comments have been developed into themes.

Those expressing positive sentiment about the service commented about how quick the service was in comparison to having to wait for a GP appointment or another service.

'Daughter was seen instantly instead of waiting 3 hours in UTC.'

'It was easier than waiting for a GP appointment.'

It meant that people were able to get help without accessing services such as A&E or UTC's because their opening hours are wider than those of GP practices.

'Seen in 5 minutes and medication received at 6pm, when the alternative would have been hours at the walk in.'

'It saved me from having to go to A&E as it was out of hours.'

People said that they were able to access the service without having to leave work or take time out of school.

'I was able to get antibiotics for a UTI from work and I picked it up on the way home.'

'We were able to get Impetigo treatment for my daughter at the weekend, minimising time off school and avoiding the hassle of a GP appointment.'

It makes it easier so that I don't have to leave work to visit the doctor, and I can pick up my prescription on the way home.'

People also spoke about being able to get advice and reassurance from the Pharmacist and how that was valued.

'Excellent service from the pharmacist, giving me advice and suggestions for medication.'

'The pharmacist was quite good. Nice and clear when talking to me on what the next steps were.'

Not all the comments related specifically to the Pharmacy First service and were more general comments about their experience of using their local pharmacy as a source of help and advice rather than accessing their GP practice.

Those that made negative comments on the limitations of the service, with people who had long term health conditions saying that they were referred back to their GP by the Pharmacist.

'Pharmacists can only help certain patients. Once you tell them you have a long-term problem, they always want to refer you back to your GP... GP's need to understand this before GP reception staff turn you away and tell you to go to Pharmacy First.'

'Due to long term illness, won't treat. Had the runaround from GP practice.'

Others spoke of limitations of the service and being unable to access medication through the pharmacy for a variety of reasons.

'Said could not help, could not prescribe antibiotics for sinus infection.'

'Computer would not allow prescription to be dispensed by pharmacist as didn't meet all the criteria.'

'Could not get antibiotics due to son's age.'

It was also commented that although people had been prescribed antibiotics or sold over the counter remedies, there was a lack of advice about what to do if symptoms continued and there was no follow up support, meaning that people then had to go to their GP.

'I went in with an infection bite (possible)... I was told to buy a hydrocortisone cream, so used it. It was not improving so I still had to make a GP appointment and given antihistamines which could have been recommended by [the] pharmacy.'

'Easily given antibiotics with no follow up. Stopped the antibiotics because of a bad reaction which I didn't report as didn't know if I should or who to.'

People also spoke about having been told to see their pharmacist by their GP practice, only to then be referred back to their GP practice because the pharmacist was unable to help them under the Pharmacy First scheme.

'The staff at [the pharmacy] did not know a lot about helping me... I asked for help with a UTI but then was told that as I had had a UTI in the last 6 months, I had to make an appointment with my GP. This is not what you want to hear when you have travelled to the pharmacy and are in pain!'

'Still was directed to GP surgery- although condition was listed that they should have been equipped to deal with- felt very much like they ticked a box.'

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'Still was directed to GP surgery- although condition was listed that they should have been equipped to deal with- felt very much like they ticked a box.'

There were comments about people being charged for what they believed to be prescriptions when they either had a pre-payment certificate or were exempt from charges because of their age.

'I got the medication that I needed but [at] the cost of £76. I was outraged as he knew I was over 60. He said I had no proof! I had my date of birth and NHS number.'

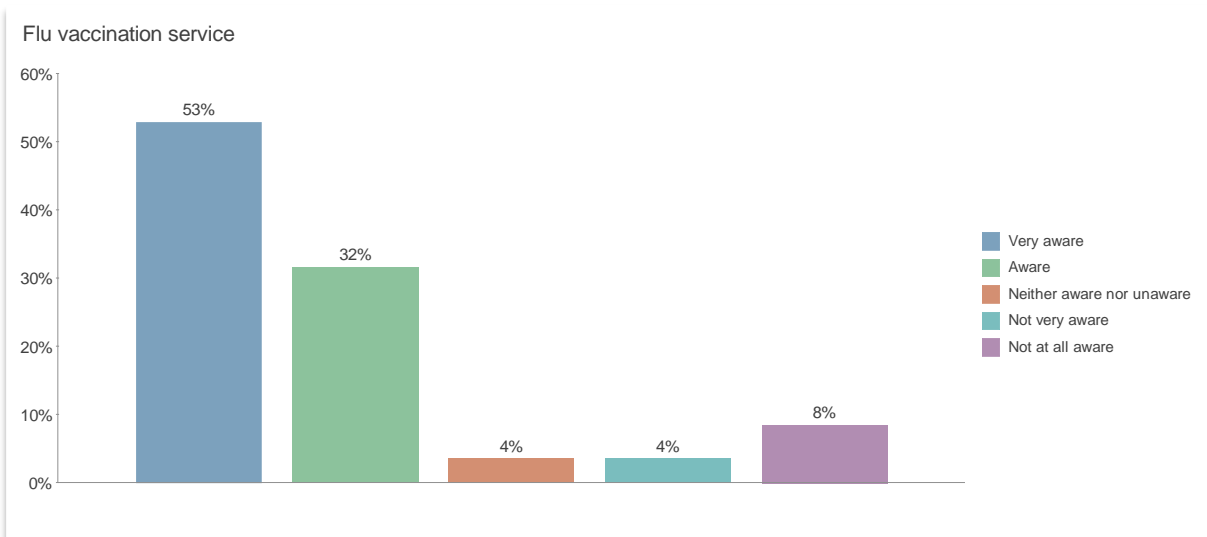
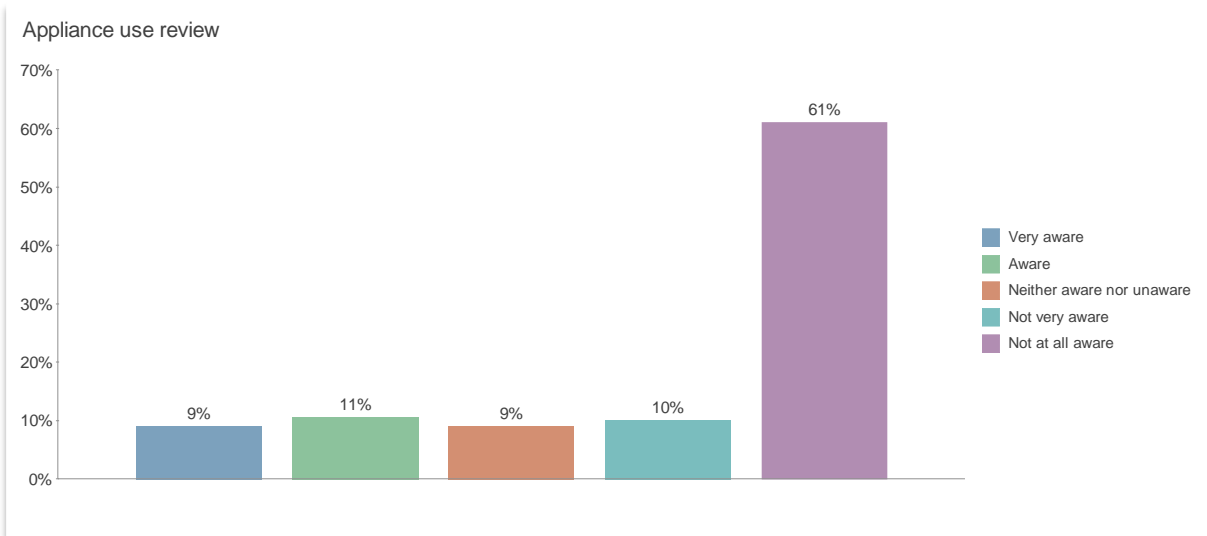
Additional charge for prescription, despite having a pre-pay certificate.'



All people taking part in the survey were asked about their awareness of other services that community pharmacies can provide.

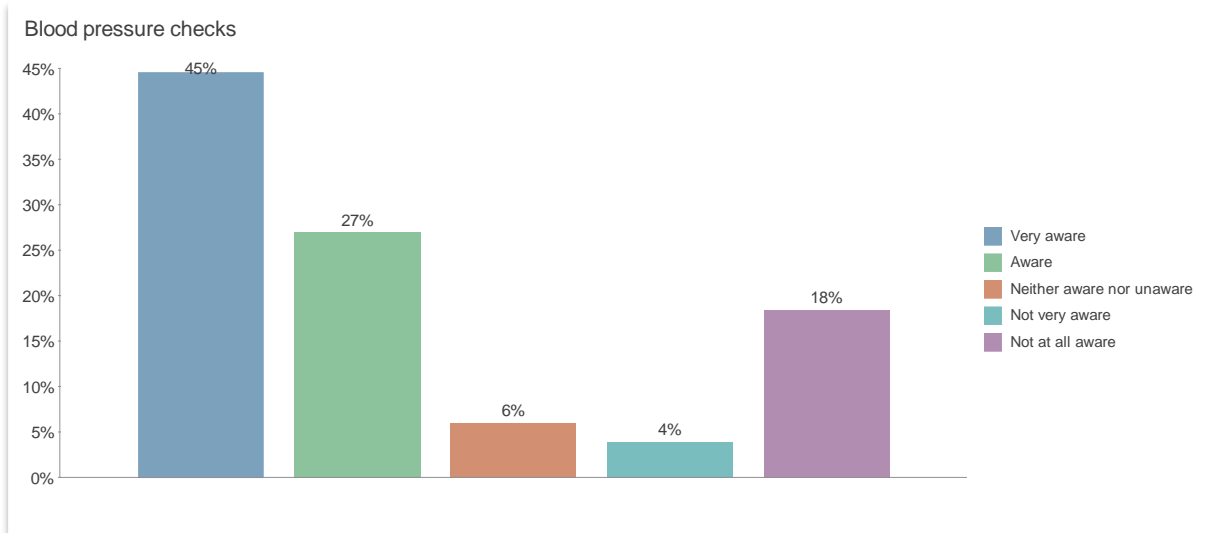
61% of people were not aware that community pharmacies are able to provide appliance use reviews. **10%** were not very aware and **9%** gave

a neutral answer. **20%** of people were either aware or very aware.

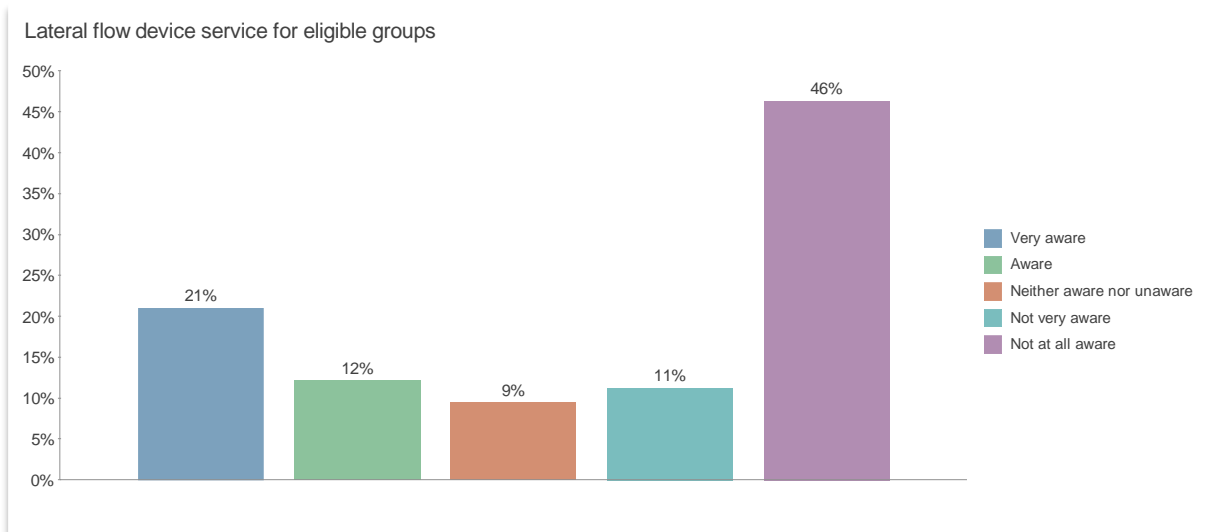


85% of people were very aware or aware that community pharmacies are able to offer flu vaccinations. **4%** said that they were not very aware and **8%**

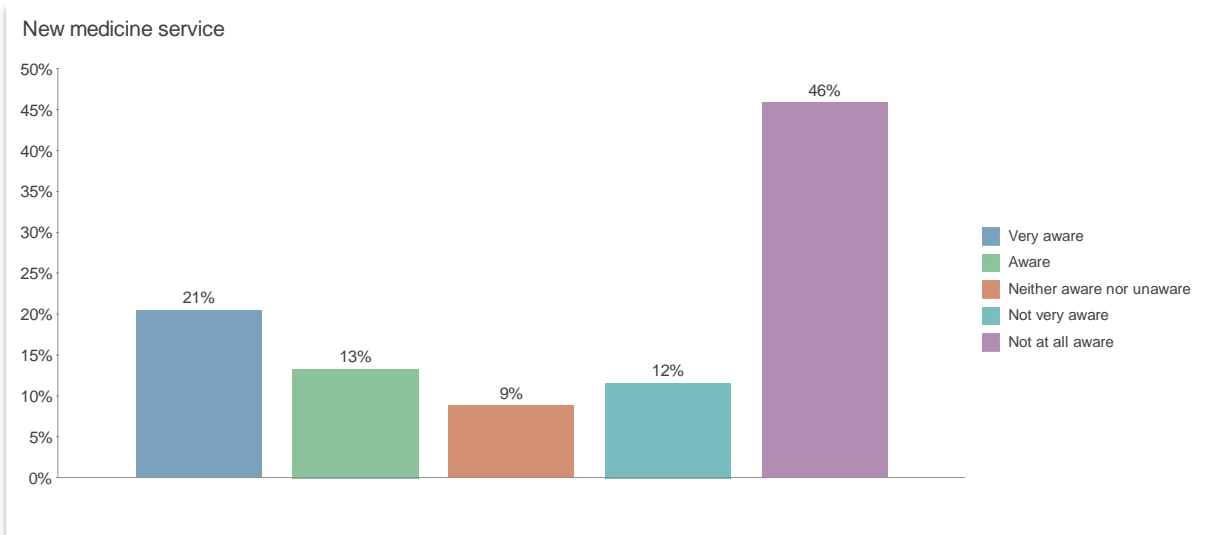
were not aware at all that community pharmacies are able to offer flu vaccinations. **4%** gave a neutral answer.



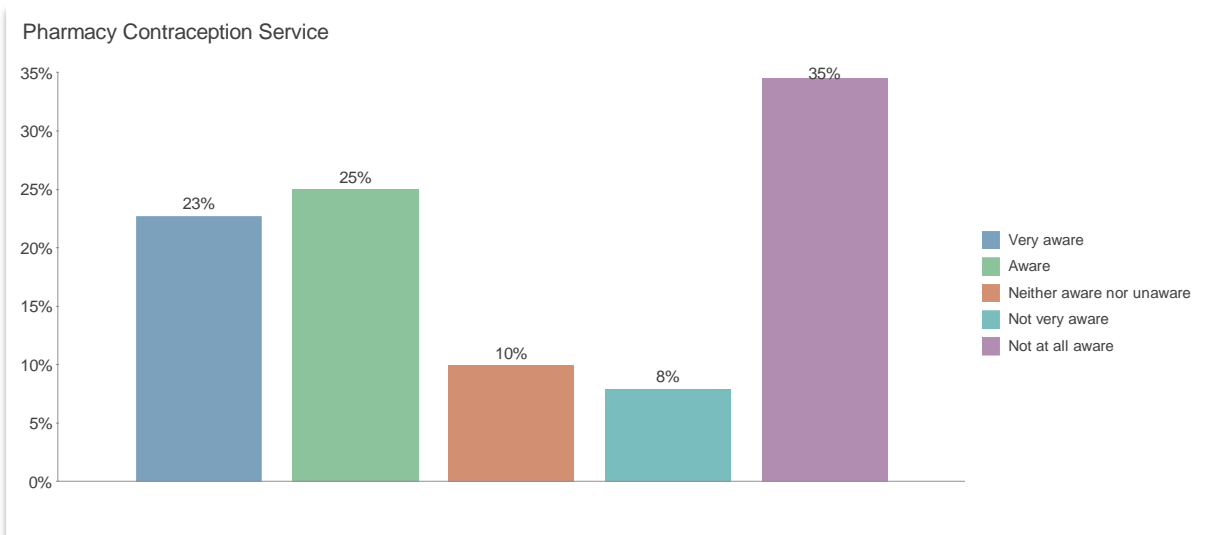
72% of people were aware or very aware that community pharmacies can provide blood pressure checks; **22%** were either not very aware or not at all aware that blood pressure checks were available.



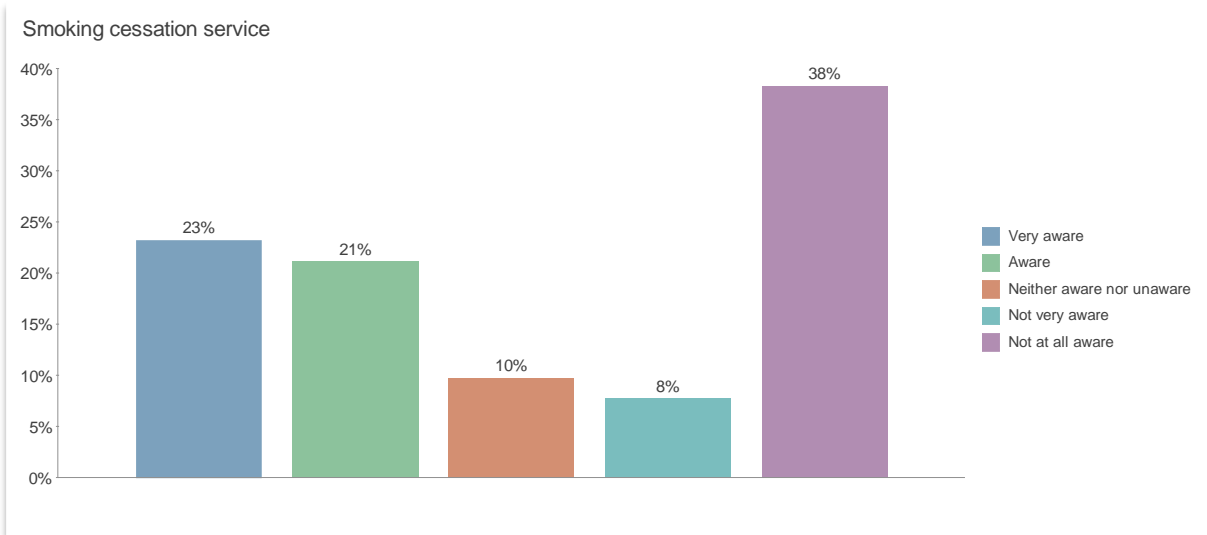
57% of people were either not very aware or not at all aware that pharmacies provided lateral flow devices for those in eligible groups. **33%** of people said that they had some level of awareness of the service and **9%** gave a neutral response.



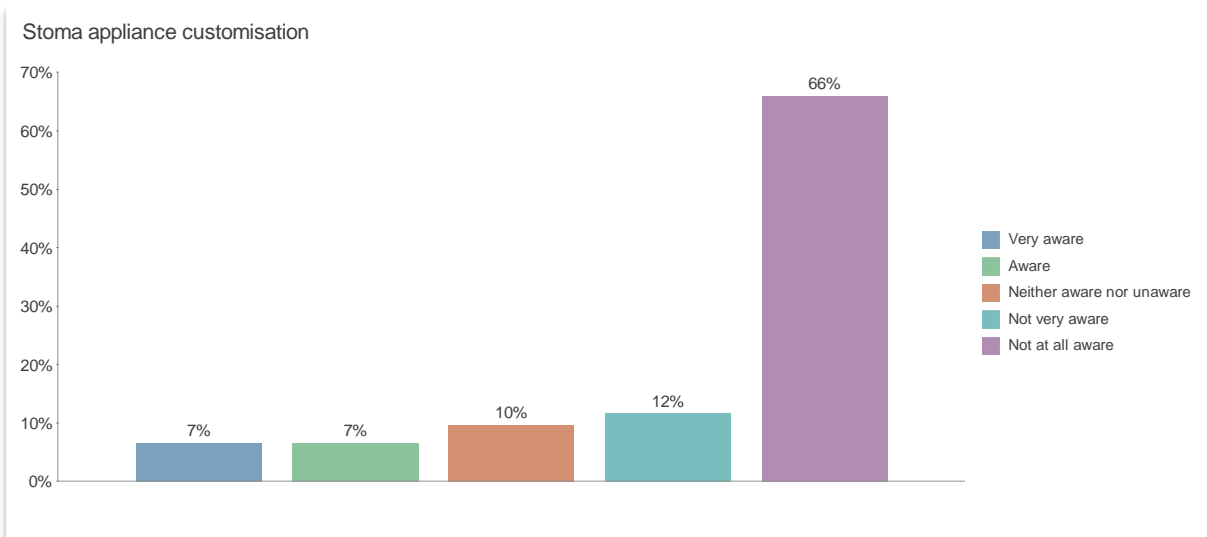
46% of people were not at all aware of the new medicine service and **12%** were not very aware. **34%** of people said that they were aware or very aware of the service.



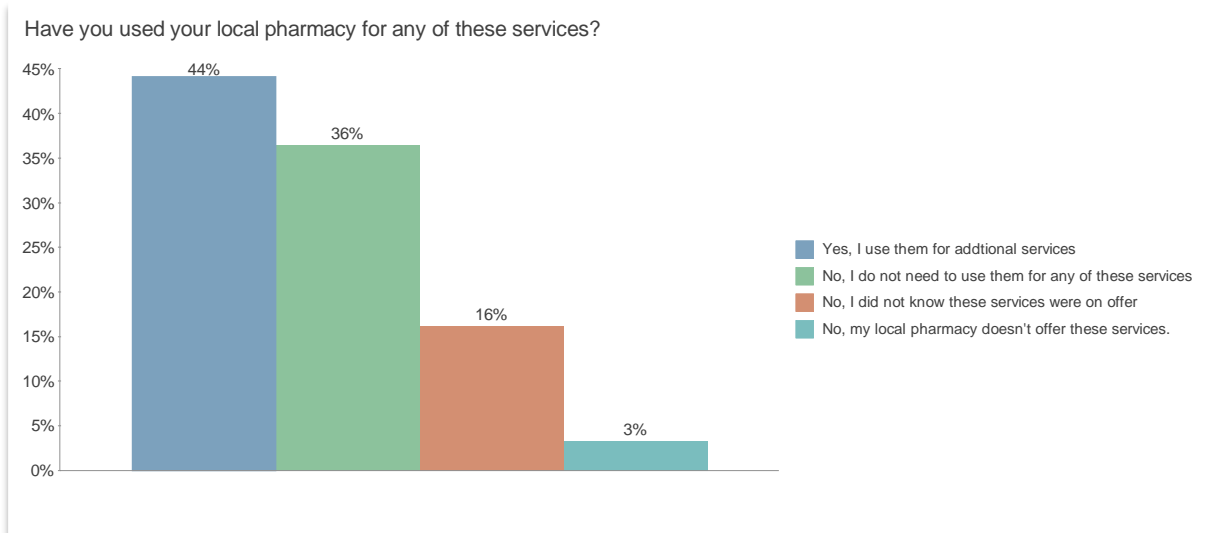
48% of people were very aware or aware of the pharmacy contraception service whilst **35%** were not at all aware of it and **8%** were not very aware of the service. **10%** of people gave a neutral response.



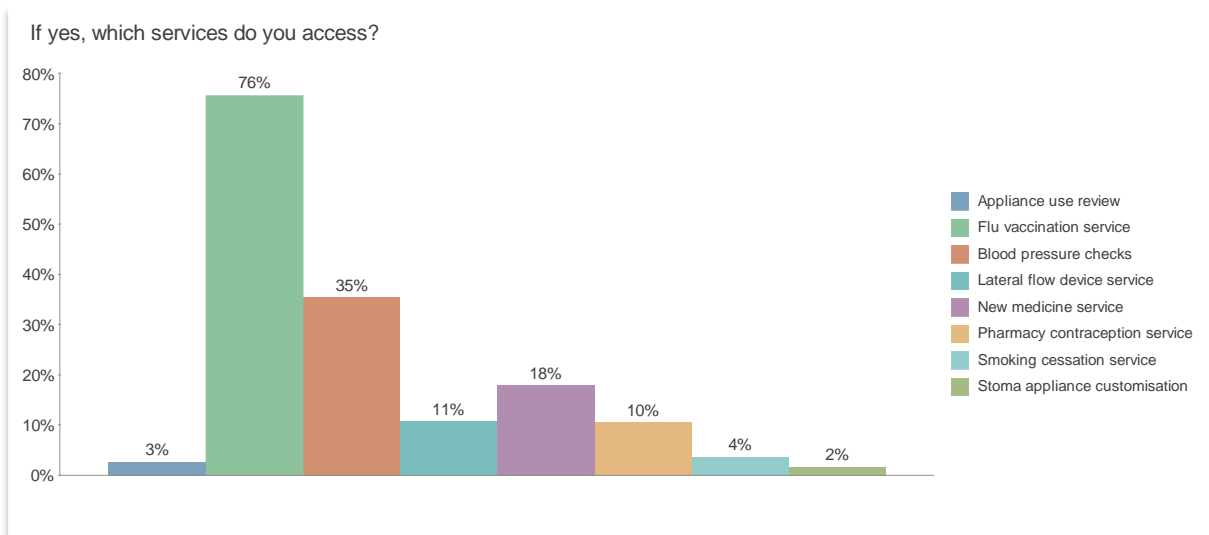
44% of people were very aware or aware of the smoking cessation service and **46%** were either not very aware or not at all aware of the service.



88% of people were not at all aware or not very aware of the stoma appliance customisation service and **14%** were either very aware or aware of the service.



44% of people said that they used their local community pharmacy for these additional services. **36%** said that they did not use additional services because they did not need them; **16%** said that they did not use them because they did not know the services were on offer and **3%** said that their local pharmacy did not offer the services.



Of those who said that they did use their local pharmacy for additional services, **76%** said that they used them for the flu vaccination service and **35%** used them for blood pressure checks. **18%** of people used them for the new medicine service and **11%** for lateral flow devices. **10%** said that they used them for the contraception service. **4%** used the smoking cessation service; **3%** for the appliance review service and **2%** for the stoma appliance customisation service.

Conclusion

There was relatively low levels of knowledge about Pharmacy First across the people who responded to the survey and from the responses of those who had used the service and provided text responses to explain their satisfaction ratings, some confusion about what is offered as part of the new service and what would be considered to be 'business as usual' for community pharmacies, such as advice on minor ailments and sale of over the counter medicines.

The limitations of the service are not necessarily well communicated, particularly in relation to those who have long term health conditions or are taking other medications, that mean Pharmacy First is not available to them. This leads to frustration for service users and in some cases poor referrals from GP practices to pharmacies and back again.

Knowledge of the service came from several sources, with pharmacies and television advertising being the main sources. People also spoke about having seen information on social media, particularly Facebook and X.

Awareness of what is offered through Pharmacy First for those that had heard of the service, was variable with more people knowing about some aspects of the service than others. Likewise, the knowledge of other additional services was variable with higher levels of knowledge of flu vaccination services and blood pressure checks than other services.

For those that had used Pharmacy First satisfaction levels were relatively high, although as already referenced there were some frustrations with the limitations of the service. People also spoke about being charged for prescriptions when they had exemptions or pre-payment certificates. It is not clear if these were prescription items or over the counter medicines.

Those who were positive about using the Pharmacy First service, said that the service saved them time in not having to try to make and attend a GP appointment or access another NHS service such as A&E or an Urgent Treatment Centre. The convenience of not needing an appointment and the wider opening hours of pharmacies were mentioned in relation to not impacting on school or work.

People also appreciated the advice and guidance that they received from pharmacists, although there were some instances where people felt that they had not had the follow up or advice that they needed to be reassured about the treatment provided or it was not effective, and they still needed a GP appointment.

Overall, there is a communication and information gap that means many people are not aware of the services, but for those that had accessed Pharmacy First satisfaction levels are generally high.

Recommendations

Report recommendations

1	There were a high number of people who had little or no awareness of Pharmacy First and what was on offer. It is recommended that there be more widespread communication about the service after the initial launch of the Pharmacy First service.
2	People were not always aware of the limitation of the service, leading to people being sent to other services when they had approached Pharmacies. Communication and promotion of the service should also include information on what Pharmacy First cannot do and where there are restrictions in relation to more complex health needs.
3	People spoke about being referred to pharmacies by GP surgeries when their needs were more complex than pharmacies were able to deal with. It is recommended that GP practices ensure that Care Navigators are able to make informed decisions about when it is appropriate to refer to pharmacies and when the patient needs are such that they do need a GP appointment.


4	People were more generally unaware of the wider services offered by community pharmacies other than flu vaccinations and blood pressure checks. It is recommended that the services on offer are more widely communicated through a range of channels including social media.
5	Some people incurred charges at the pharmacy for what they believed to be prescription items, despite being exempt from charges or having pre-payment certificates. It is recommended that it is made clear to people using the service what it is that they are paying for and whether their items are over the counter medication. People who have exemptions or pre-payment certificates should not be charged for prescription items.



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