

# PHARMACY FIRST

## LOCAL IMPLEMENTATION

INSIGHTS FROM 3,000+ CCA MEMBERS'  
PHARMACIES SINCE LAUNCH  
31ST JANUARY 2024 TO APRIL 21ST 2024

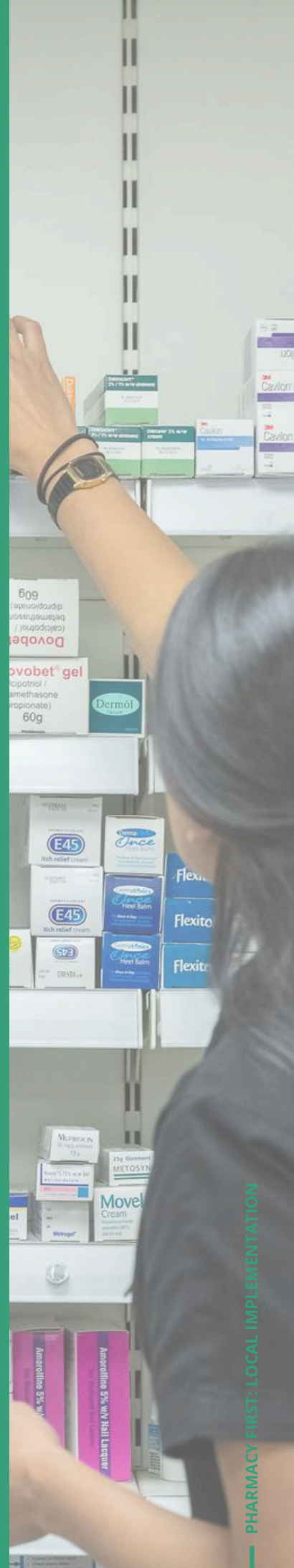


# Summary

- Pharmacy First is improving patients' access to care and reducing pressure on GPs.
- **Over 90%** of eligible consultations close the episode of care, meaning people didn't need to visit their GP or A&E.
- The top ICS has benefitted from **7 times more** Pharmacy First consultations than the lowest performing.
- **3 in 10** GP surgeries have referred a patient to pharmacies, but **7 out of 10** of those referrals are from a very small minority of surgeries.
- If every ICS had as many consultations as the highest performing one, there could have been an additional **600,000** Pharmacy First consultations.

## Next steps for the NHS:

1. **Deploy high quality and targeted public engagement campaigns** to raise awareness of this new pathway into the NHS for patients.
2. **Embrace best practice from high performing ICS'** including bespoke support and training for GP surgeries to increase referral numbers.
3. **Commit to fund Pharmacy First beyond 2025**, so local NHS clinicians and the public are confident the service will be there when they need it.



# Pharmacy First: Local Implementation

## What is Pharmacy First?

The end of January this year saw the launch of 'Pharmacy First' across England. Pharmacies are now commissioned by the NHS to provide advice and treatment, including medicines previously only available by visiting a GP. Pharmacy First covers seven common conditions: earaches, bladder infections, sore throats, sinusitis, infected insect bites, impetigo, and shingles. Pharmacy First is greatly increasing patient access to urgent NHS care in the community.

Using many of the core skills of pharmacists, Pharmacy First greatly expands the scope of care that can be offered to patients. To deliver the service, pharmacists have undertaken additional training to ensure patients receive the most appropriate care, usually from the pharmacy. In a small number of cases this may mean referring them onto other parts of the NHS, such as their GP or even A&E.

Patients can access Pharmacy First by simply walking into their local community pharmacy. Most pharmacies do not require appointments. Patients can also be referred to the pharmacy of their choice by many parts of the NHS, including general practice, NHS111, and in some instances A&E departments.

NHS England have recently reiterated their target to see pharmacies provide 6 million Pharmacy First consultations every year [1]. Referrals from other parts of the NHS are critical to achieving this number, and an invaluable pressure valve for other stretched parts of the NHS.





# Pharmacy First: Local Implementation

## Significant variation in Pharmacy First implementation across ICSs

**126,484 Pharmacy First consultations have been recorded by just over 3,000 CCA pharmacies in the first 11 weeks of the service.**

The number of Pharmacy First consultations varies across the country, with nearly 13,000 across the North East and North Cumbria ICS and only 948 across Gloucestershire ICS. However, different ICS areas have different populations, and numbers of CCA pharmacies. By accounting for population and the number of CCA pharmacies, ICSs can be compared [2].

**This weighted comparison still highlights stark variation between different parts of the country.**

Pharmacies in North East and North Cumbria ICS have completed 7 times more consultations than those in Cornwall and the Isles of Scilly. The map overleaf shows this variation, with additional detail in Appendix 1. Locally commissioned services and engagement are likely a key contributor to this variation.

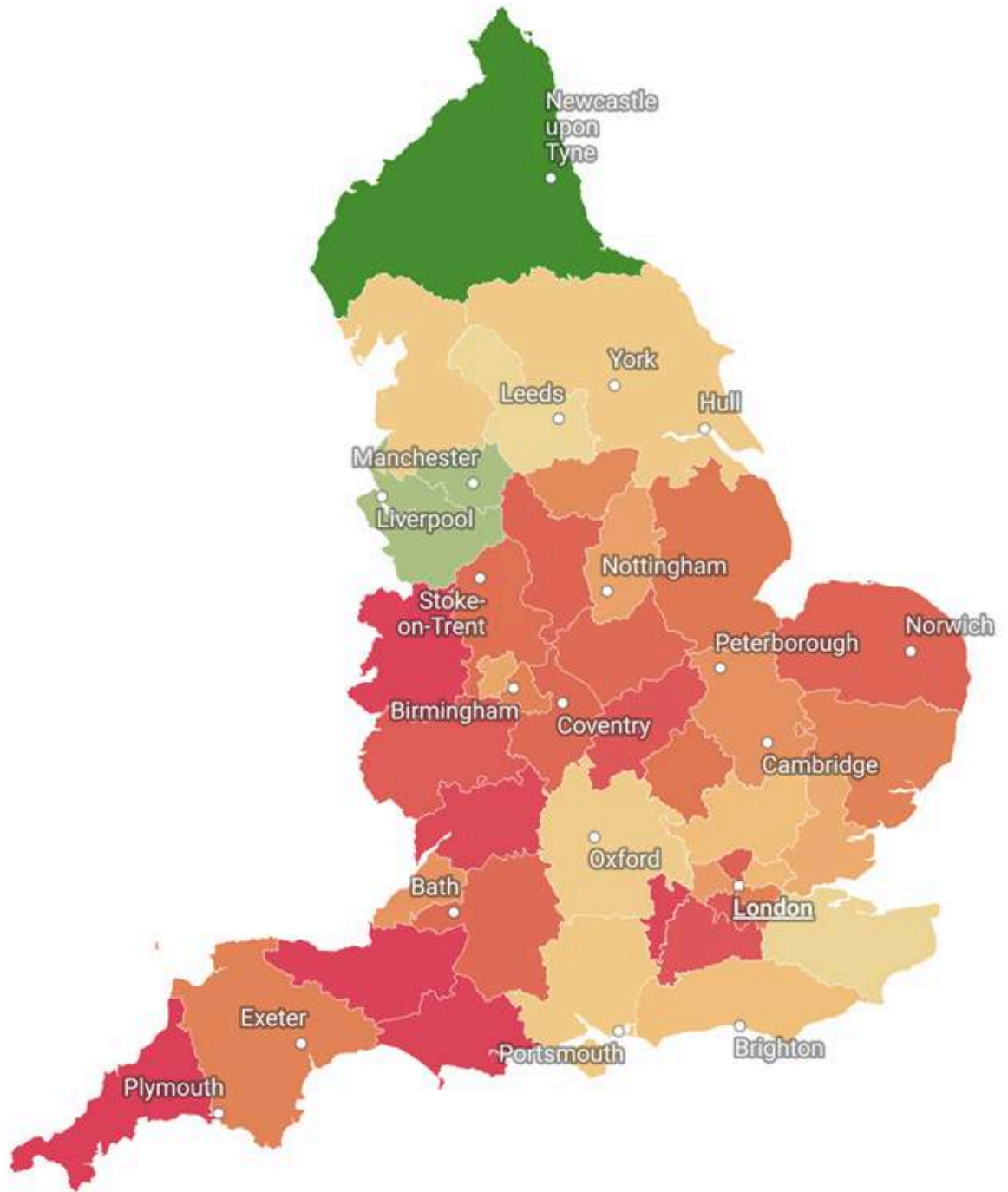
*“...Pharmacies in North East and North Cumbria ICS have completed 7 times more consultations...”*

It is worth noting that North East and North Cumbria began an NHS UTI pilot in July 2022 – “ByeByeUTI” [3]. The success of this pilot has likely provided a very strong base for Pharmacy First in that locality. Clearly, patient (and NHS) behaviours can be changed to use pharmacy services. But this takes time.



# Pharmacy First: Local Implementation

Pharmacy First consultations vary across the country



Created with Datawrapper

**Number of Pharmacy First consultations per 100,000 population, weighted by number of CCA pharmacies**

# Pharmacy First: Local Implementation

Changing public behaviours requires awareness of the service. Whilst there was a national NHS advertising campaign soon after the service launched, this has now ended. **Tracking of delivery data indicates that the NHS campaign had little to no impact.**

**To help patients choose to access Pharmacy First, there needs to be a much bigger awareness campaign reaching more patients and members of the public.** A likely challenge for some parts of the NHS is a concern about the longevity of the service. Funding is only confirmed until March 2025. Whilst it is likely this service will be funded beyond then, without public assurances on this it may be difficult to secure the investment required to change patient, and practitioner, behaviours.

## Referrals from the NHS are key to success

There are many different routes to access Pharmacy First consultations. 82% (103,701) of the patients who received a consultation with their pharmacist did not receive a formal referral into the service. As well as patients walking into their local pharmacy, this number may also include 'informal referrals', where another part of the NHS directs patients to a pharmacy, without sending an electronic referral.

Interestingly, the relative volume of *electronic* referrals from other parts of the NHS, despite representing only 18% of all Pharmacy First consultations, is closely linked to the total number of Pharmacy First consultations.

**The three ICSs with the highest number of Pharmacy First consultations (weighted for population and CCA pharmacies) have the highest number of electronic referrals.** We believe that in these areas, local clinicians are likely to be actively engaged with the service and signposting patients to pharmacies.

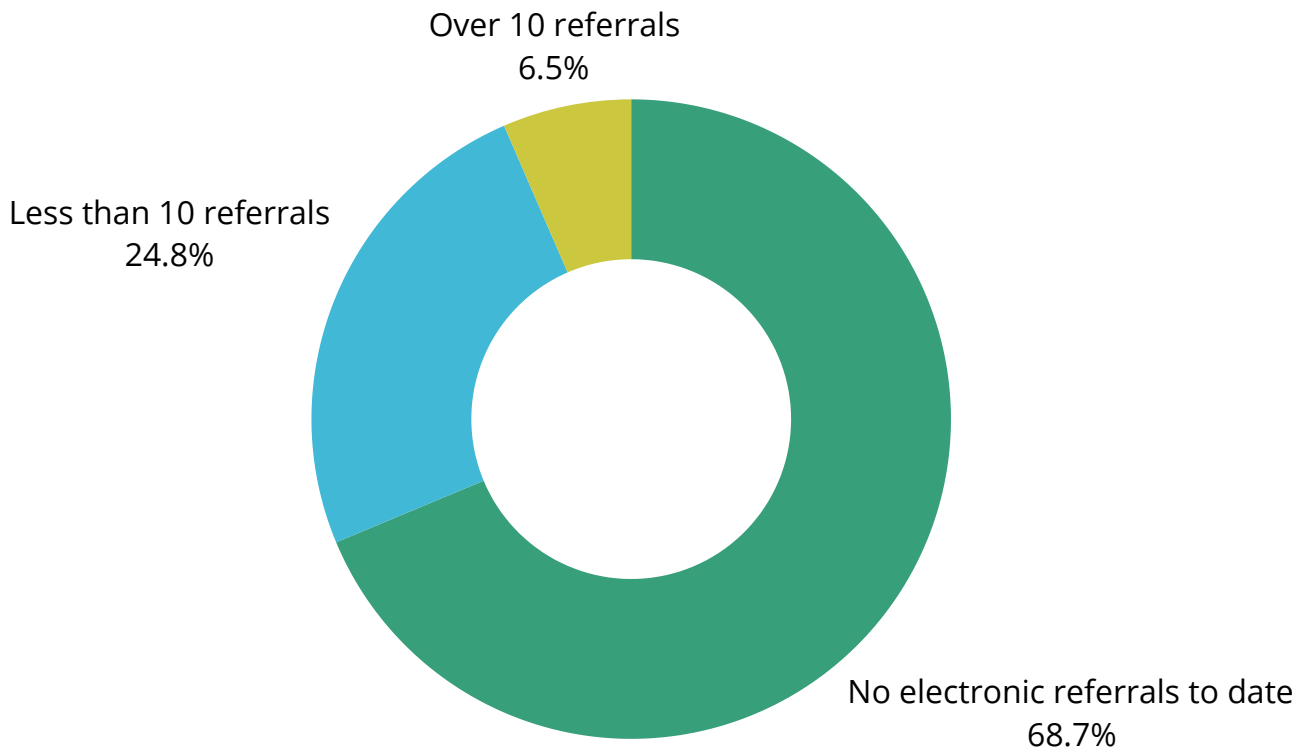
Referral volumes, therefore, offer a useful way of measuring how well other parts of the NHS have adapted to account from Pharmacy First. Many of the ICSs with the lowest Pharmacy First volumes also have the lowest numbers of referrals. This means that some ICS areas are not benefitting from the potential of the Pharmacy First service.

Clearly, referrals from general practice (as the biggest source of referrals) are key to the success of the service. **The data shows that 31% (1,972) of GP surgeries have sent a referral to date [4]. However, nearly seven in ten (69%) of all GP referrals were made by just 7% (410) of GP surgeries.**

“  
*...nearly seven in ten  
of all GP referrals  
were made by just 7%  
of GP surgeries*  
”

# Pharmacy First: Local Implementation

Nearly **7 in 10** electronic referrals from general practice came from just **7%** of surgeries



# Pharmacy First: Local Implementation

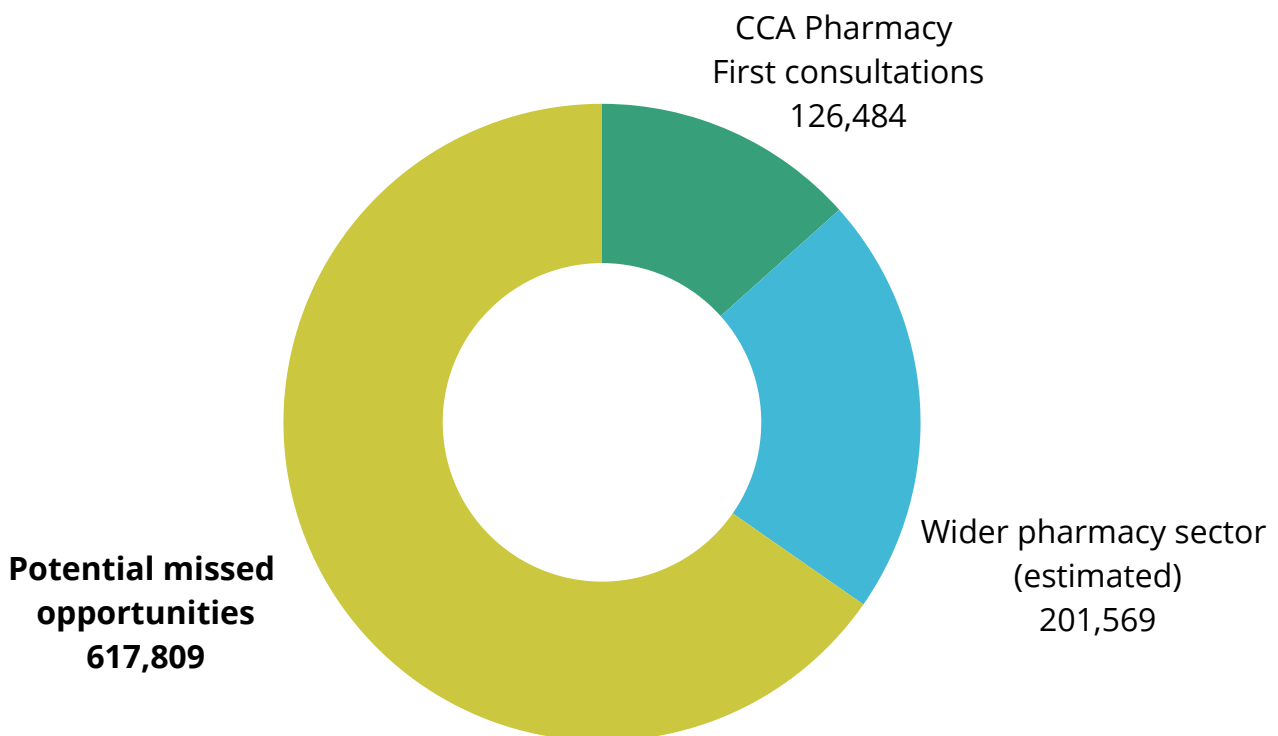
## There is a much higher number of potential consultations

CCA data shows there have been over 125,000 Pharmacy First consultations to date. **If every ICS was performing at the level of the best, the number of consultations from CCA pharmacies could be three times greater (364,686).**

Recent statements in parliament have revealed that 98% of pharmacies have signed up to Pharmacy First. These pharmacies provided over 125,000 consultations in the first month alone [5]. Using this and CCA data, the total potential can be estimated.

**If all ICSs were to provide as many consultations as the top performing ICS, then the total number of consultations by all community pharmacies in England could have surpassed 900,000 in the first 3 months of the service.**

## Potential for over 900,000 consultations if every ICS performed at the highest level





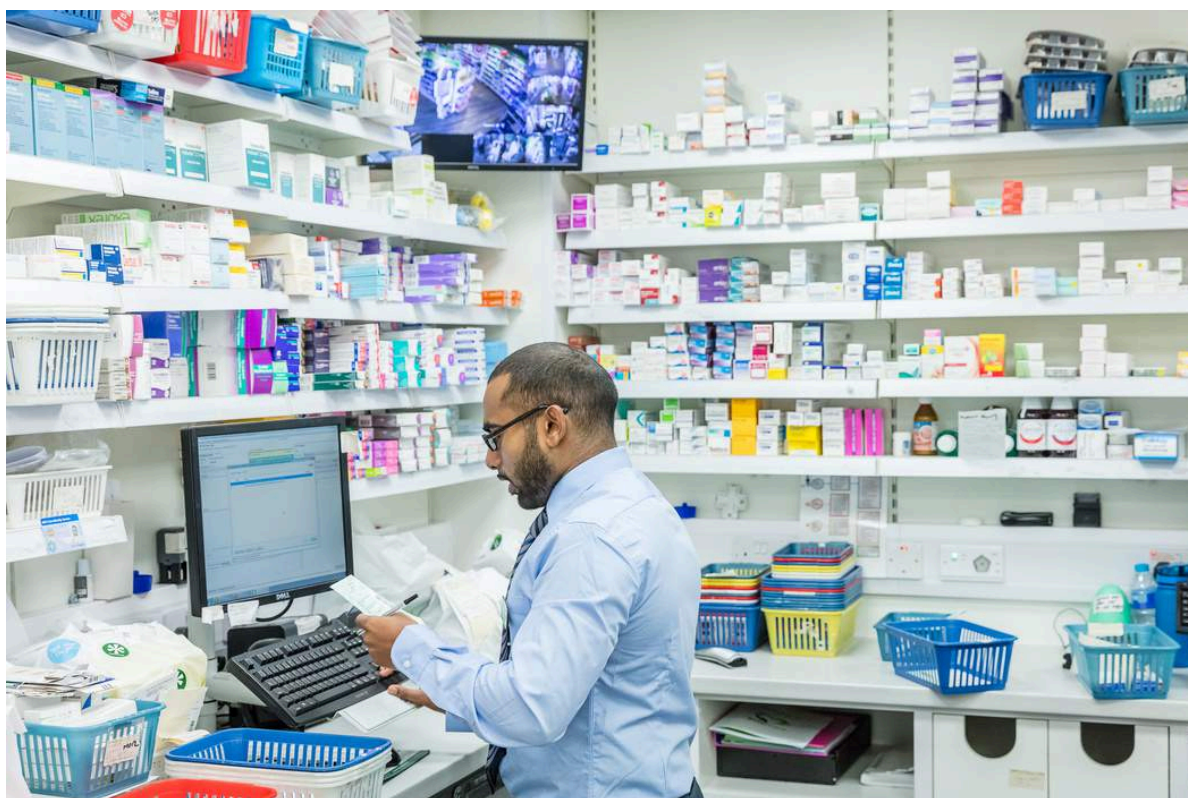
# Pharmacy First: Local Implementation

There is a clear opportunity to promote the Pharmacy First service and learn from the highest performing areas. Examples include:

- Local advertising campaigns
- Bespoke toolkits / referral guides for GP surgery staff
- Feedback on successful and unsuccessful referrals
- Locality leads sharing insights with general practice teams

Greater Manchester have seen success by creating local resources for GP reception teams linking to other local services and providing direct feedback following ineligible referrals. Kent ICB directly supported Pharmacy First through engagement funding, including a dedicated lead who leads training sessions with GP reception teams, and supports PCN meetings.

Pharmacies are working hard to promote the service to their patients, and local partners. **Local NHS leaders are ideally placed to champion this new service to the public and NHS alike, to support the needed behaviour change.** Doing so will create a virtuous circle, allowing patients to be seen by a pharmacy instead of their GP, freeing up GP's capacity to deal with more complex care.



# Pharmacy First: Local Implementation

## Summary

Hundreds of thousands of patients are benefitting from the new Pharmacy First service. Across the country, Pharmacy First is increasing patient access to urgent care and reducing pressure on other NHS services.

However, uptake across ICS's is mixed. Overall performance, driven by referrals from other parts of the NHS, varies across the country. By sharing best practice, there is an opportunity to increase the number of consultations nearly three times.

## Next steps for the NHS to enhance Pharmacy First

- 1 Deploy high quality and targeted public engagement campaigns** to raise awareness of this new pathway into the NHS for patients.
- 2 Embrace best practice from high performing ICS'** including bespoke support and training for GP surgeries to increase referral numbers.
- 3 Commit to fund Pharmacy First beyond 2025**, so local NHS clinicians and the public are confident the service will be there when they need it.

# References

[1] NHS England. Delivery plan for recovering access to primary care: update and actions for 2024/25. April 2024. <https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-update-and-actions-for-2024-25/>

[2] NHS England. ICB allocations 2022/23 - Overall weight populations. May 2024. <https://www.england.nhs.uk/wp-content/uploads/2022/04/j-overall-weighted-populations-22-23.xlsx>

[3] NHS England. Regional Pharmacy Pilot Rolled Out Across England. February 2024. <https://www.england.nhs.uk/north-east-yorkshire/2024/02/14/regional-pharmacy-pilot-rolled-out-across-england/#:~:text=Pharmacists%20across%20the%20North%20East,North%20East%20and%20North%20Cumbria.>

[4] NHS Business Service Authority. Practice list size and GP count for each practice, April 2024. <https://www.nhsbsa.nhs.uk/prescription-data/organisation-data/practice-list-size-and-gp-count-each-practice>

[5] Dame Andrea Leadsom, Parliamentary Under-Secretary of State for Health and Social Care, Parliamentary debate, Tuesday 23rd April 2024. <https://hansard.parliament.uk/commons/2024-04-23/debates/22D8640E-591C-47DB-8732-CCFF065DAB4C/PrimaryCarePatientAccess#contribution-1959CAEE-6C70-44B4-8E70-9DC2FDA59E70>

# WHO WE ARE

Established in 1898, the CCA is the trade association for large pharmacy operators in England, Scotland and Wales. The CCA membership includes ASDA, Boots, Morrisons, Pharmacy2U, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate around 5,500 pharmacies, which represents nearly half the market. CCA members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing 500 million NHS prescription items every year. The CCA represents the interests of its members and brings together their unique skills, knowledge, and scale for the benefit of community pharmacy, the NHS, patients and the public.



[OFFICE@THECCA.ORG.UK](mailto:OFFICE@THECCA.ORG.UK)



[@CCAPHARMACY](https://twitter.com/CCAPHARMACY)



[THECCA.ORG.UK](http://THECCA.ORG.UK)



**COMPANY CHEMISTS'  
ASSOCIATION**