

PHARMACY FIRST

MEETING PATIENT NEED

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



Summary

- Pharmacy First is improving patients' access to care and reducing pressure on GPs.
- CCA members provided **90,000+** consultations in the first two months of the service.
- **90%+** of patients eligible for Pharmacy First received the care they needed.
- **75%** of eligible consultations resulted in NHS-funded medicine being supplied.
- **1 in 5** patients were referred into the Pharmacy First service by their GP surgery.
- Records indicate pharmacists are adhering to treatment guidelines and providing high quality clinical care.

Next steps for the NHS:

1. **Provide targeted promotion and support to general practice**, to increase the number of patients being referred into Pharmacy First.
2. **Deploy high quality and targeted public engagement campaigns** to raise awareness of this new pathway in the NHS for patients.
3. **Commit to fund Pharmacy First beyond 2025**, so pharmacies can invest in their people and estates, to deliver even more NHS care in the community.



Pharmacy First: Meeting Patient Need

Background

The end of January this year saw the launch of 'Pharmacy First' across England. Pharmacies are now commissioned to provide advice and treatment, including medicines previously only available by visiting a GP, for seven common conditions: earaches, bladder infections, sore throats, sinusitis, infected insect bites, impetigo and shingles. Pharmacy First is greatly increasing patient access to 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, which may mean referring them onto other parts of the NHS, such as their GP or even A&E.

Through Pharmacy First it is believed that community pharmacies can save 10 million appointments in general practice every year [1]. **Early indications are that patients are very happy to access these new pharmacy-based routes to care. However, there is still a need to promote and develop the service to ensure that it can provide the maximum benefit to patients and the wider NHS.**

Since the service launched at the end of January this year, the CCA has collected Pharmacy First data from over 3,000 of our members' pharmacies across England. This information has provided the CCA with an unparalleled understanding of the initial roll-out and enabled us to support our members during the critical implementation phase.



Pharmacy First: Meeting Patient Need

How are patients accessing Pharmacy First?

92,384 Pharmacy First consultations have been recorded by just over 3,000 CCA pharmacies in the two calendar months since launch.

Patient eligibility

88% (81,627) of patients who received a consultation with their pharmacist were eligible to receive care through this NHS funded service. The eligibility criteria were set by the NHS and largely relate to patient demographics and the presence, or absence, of relevant symptoms. Patients who did not meet the criteria for Pharmacy First were offered advice and support by their pharmacist. This may include referral to other providers, or simply advice to return to the pharmacy if symptoms get worse.

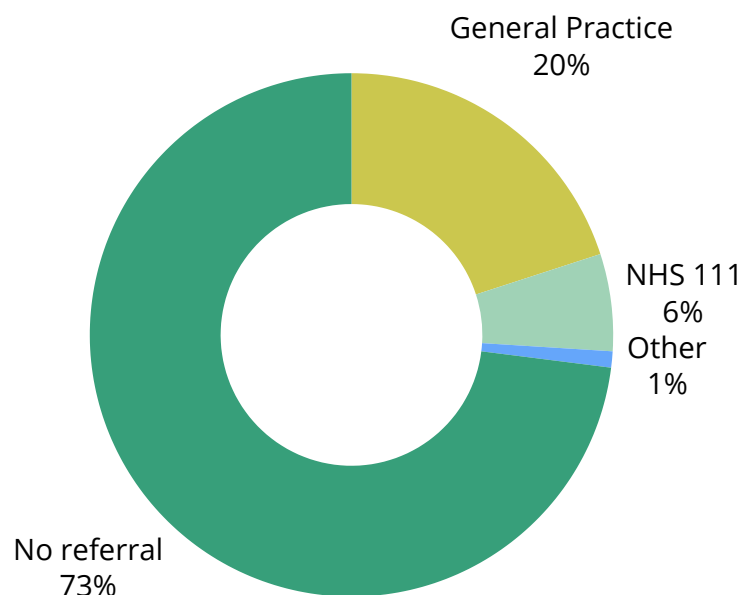
Eligible Pharmacy First patients were offered advice and, where appropriate, supplied with NHS funded medicines or urgent and non-urgent referrals to other parts of the NHS. The service enables pharmacists to formally refer patients to general practice, out of hours treatment centres, and in some instances other pharmacy services commissioned locally.

Patient referrals

The CCA has completed a deep dive on eligible consultations from the first month of the service [2].

Patients can access Pharmacy First either by being electronically referred from another part of the NHS or by contacting the pharmacy directly ('no referral'). Our data shows that **1 in 5 eligible patients were referred from their GP surgery.**

1 in 5 eligible patients were referred to Pharmacy First from general practice



Pharmacy First: Meeting Patient Need

Whilst some patients will already be aware of the Pharmacy First service, many will have been offered it by the pharmacy team after they have presented in their local pharmacy with symptoms of one of the seven conditions. Providing advice and recommending medicines to buy, has long been a role for community pharmacy teams. Pharmacy First offers a new tool to pharmacists, enabling them to provide additional NHS care that was previously only available from their GP.

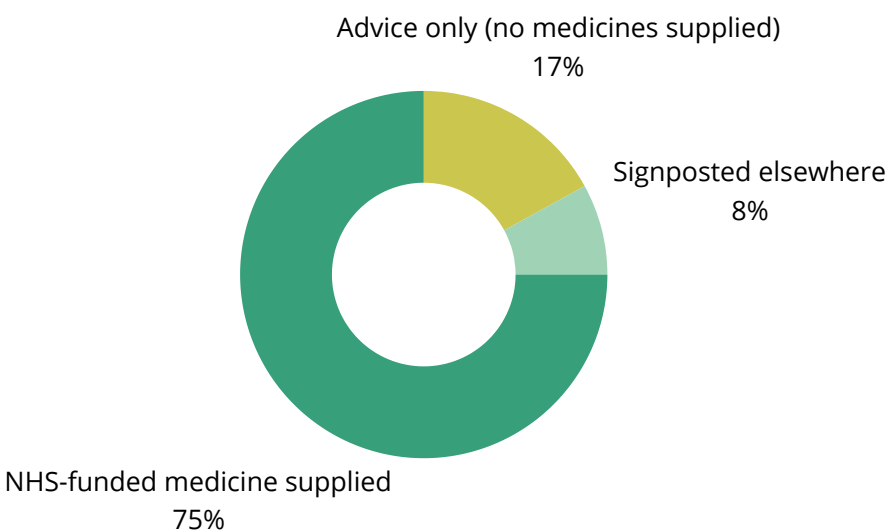
Nearly three quarters of all eligible patients attended themselves or were informally referred. Informal referrals are where patients are advised to attend the pharmacy by other healthcare professionals, but no formal electronic record is made.

Not all patients receiving consultations were eligible for treatment under Pharmacy First. But the fact that 88% of patients were, shows that patients can recognise the symptoms of conditions eligible for Pharmacy First.

What care was offered to patients?

Data from the first month of the service shows that **over 90% of eligible patients received the care they needed, and their episode of care was completed, through Pharmacy First.** This completion of the 'episode of care' is important, as it means patient needs are met, without requiring input from another part of the NHS. This demonstrates how the service is meeting one of its key purposes – reducing pressure on general practice.

“*...over 90% of patients received the care they needed, and their episode of care was completed, through Pharmacy First*”



Over 90% of patients received the care they needed through Pharmacy First

Pharmacy First: Meeting Patient Need

Reviewing the first month's data in depth

Outcome	Impetigo	Insect bites	Otitis Media	Shingles	Sinusitis	Sore Throat	UTI	Totals
Advice only	37 (1%)	104 (9%)	2268 (34%)	150 (10%)	538 (9%)	3,006 (25%)	834 (7%)	6,937 (17%)
Medicines supplied	2644 (95%)	975 (86%)	3632 (54%)	1298 (84%)	5082 (86%)	8381 (69%)	9690 (82%)	31,702 (75%)
Non-urgent signposting	64 (2%)	28 (2%)	506 (8%)	52 (3%)	210 (4%)	392 (3%)	727 (6%)	1,979 (5%)
Urgent escalation	25 (1%)	25 (2%)	287 (4%)	52 (3%)	86 (1%)	397 (3%)	537 (5%)	1,409 (3%)
TOTAL	2,770	1,132	6,693	1,552	5,916	12,176	11,788	42,027

For 75% of eligible patients (31,702) a medicine was supplied. In 17% of eligible patients, the pharmacist concluded that no medicine was required and provided advice only. This may have included a recommendation to return to the pharmacy if symptoms worsen.

Importantly, there is no difference in outcomes between different conditions. This means that pharmacists have the skills and confidence to support patients with all these conditions – including Otitis Media, which required specialist training in the use of otoscopes.

Referring patients onwards

Of the patients who were signposted to another NHS service, there was little variation between the seven eligible conditions. For all conditions, 8% of eligible patients were referred elsewhere. This varied from 3% of patients with impetigo, to 14% of patients with otitis media (earache). Bladder infections (UTIs) had the highest proportion of urgent referrals, but also one of the higher rates of medicines supply.

A key part of each Pharmacy First consultation is the identification of patients needing additional care. Our data shows that **only 3% of consultations led to an urgent referral**. These urgent referrals were to a variety of other clinicians, including A&E, NHS 111, urgent care, and walk-in centres, and calling 999 directly. Examples of patients requiring urgent onward referral include suspected sepsis, whereby patients were immediately sent to hospital so they could receive appropriate treatment.

Pharmacy First: Meeting Patient Need

Providing clinical care

The Pharmacy First service uses Patient-Group Directions to allow the supply of Prescription-only medicines to patients when appropriate. In most cases, antibiotics are the available treatment (as 6 of the 7 conditions can be caused by bacterial infections).

To reduce the risk of antimicrobial resistance it is important to prevent the inappropriate use of antibiotics. To this end, the service has been designed to ensure that antibiotics are only supplied when clinically appropriate, and that the correct antibiotics are supplied, according to the condition being treated.

Our data shows that **pharmacists are closely following the guidance set out within the service**. For example, 90% of antibiotics supplied for sore throats were the 'first line treatment', penicillin.

In the case of sinusitis, there are two treatment options: a high dose steroid nasal spray (for mild cases) or antibiotics (for more severe cases). The data shows that in 49% of eligible patients (where a supply was made) the steroid nasal spray was supplied rather than antibiotics. **This shows pharmacists can manage patient expectations for antibiotic treatment and supply the most appropriate treatment option based on their symptoms.**

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Pharmacy First: Meeting Patient Need

Summary

Large numbers of patients are attending pharmacies for treatment of conditions that previously could only be treated by visiting a GP. Using their skills and knowledge, pharmacists can safely and effectively meet the needs of most patients presenting. Data indicates that the correct treatment is being provided, in line with clinical guidelines.

Pharmacy First reduces the pressure on other parts of the NHS, particularly general practice. In those cases where additional care is needed, pharmacists are confidently referring patients onwards.

The CCA will continue to gather data to build the evidence base needed to secure this new access route to urgent care.

Next steps for the NHS to enhance Pharmacy First

- 1 Provide targeted promotion and support to general practice, to increase the number of patients being referred into Pharmacy First.**
- 2 Deploy high quality and targeted public engagement campaigns to raise awareness of this new pathway in the NHS for patients.**
- 3 Commit to fund Pharmacy First beyond 2025, so pharmacies can invest in their people and estates, to deliver even more NHS care in the community.**

References

[1] NHS England. Delivery plan for recovering access to primary care. <https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00283-delivery-plan-for-recovering-access-to-primary-care-may-2023.pdf>, May 2023.

[2] The CCA. Pharmacy First - The First Month. <https://thecca.org.uk/first-month-of-pharmacy-first-shows-the-nhs-service-is-enhancing-patient-access-and-directly-tackling-health-inequalities/>, March 2024.

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.



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