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THE FUTURE OF PHARMACY FIRST – MAXIMISING PATIENT BENEFIT



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The future of Pharmacy First –
maximising patient benefit

EXECUTIVE SUMMARY

In the first nine months, since the service launched at the end of January 2024, nearly 1.5 million patients have been treated through Pharmacy First.

It is forecasted that 2.5 million patients will have been treated through the service by the end of March 2025 (1)

Potentially over 9 million GP consultations a year could be transferred to community pharmacies

under the current Pharmacy First service, for those currently eligible. (1) However, with targeted expansion, up to **40 million GP** appointments could be safely transferred to pharmacies. (1)

To do this NHS England need to:

- Expand the Patient Group Directions (PGD) criteria of the current seven conditions the service focuses on, to allow more patients to be treated and incorporate Independent Prescribing skills (where available) as soon as possible.
- Add in new clinical conditions including a self-referral route for minor illnesses.
- Further raise public awareness of the service so that everyone eligible can access the service



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WHAT IS PHARMACY FIRST?

The end of January 2024 saw NHS England launch the 'Pharmacy First' service across England to give patients quick and accessible care and ease pressure on GP services. Pharmacies were commissioned by the NHS to provide advice and treatment for seven common conditions. Included in the service was the ability to supply medicines previously only available by visiting a GP. Medicine is supplied free for those who do not pay for prescriptions. The seven common conditions Pharmacy First covers are: earaches, bladder infections, sore throats, sinusitis, infected insect bites, impetigo, and shingles. Pharmacy First is now provided by around 9,200 pharmacies in England, greatly increasing patient access to urgent NHS care in the community.



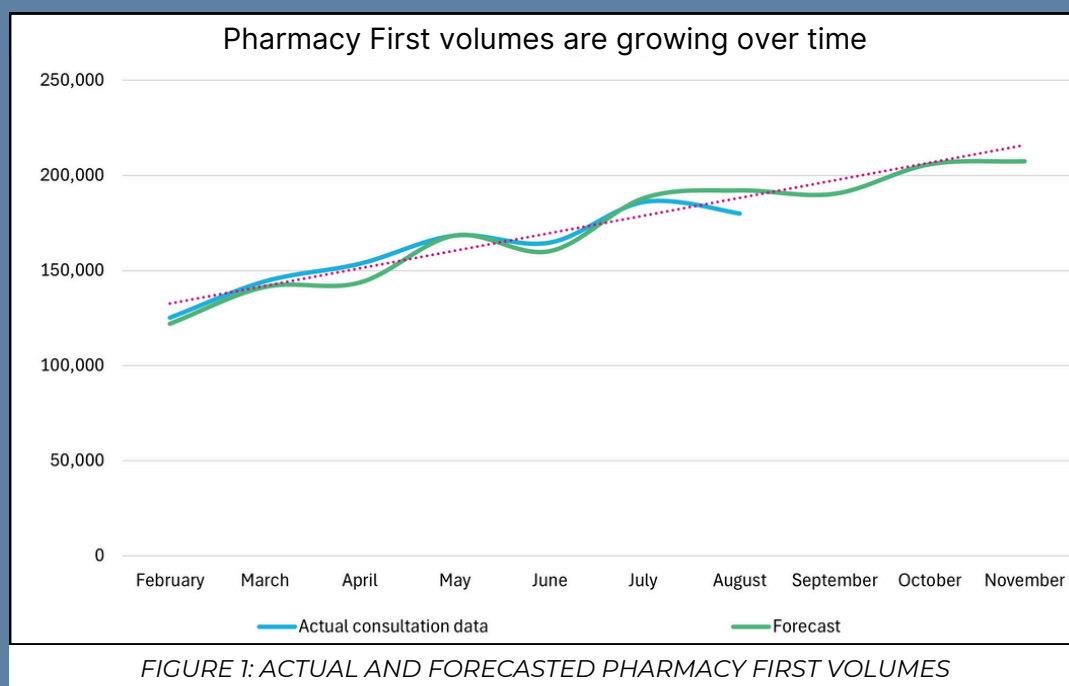
Using pharmacists' core skills, Pharmacy First greatly expands the scope of care that can be offered to patients. To deliver the service, pharmacists have undertaken additional training to ensure patients receive the most appropriate care, which may mean referring them onto other parts of the NHS, such as their GP or even A&E. Patients access Pharmacy First by either walking into a community pharmacy, or by arranging an online consultation. Most pharmacies do not require patients to make an appointment. Patients can also be referred to the pharmacy of their choice by many other parts of the NHS, including general practice, NHS111, and some A&E departments.

NHS England have recently reiterated their target to see pharmacies provide 6 million Pharmacy First consultations every year. (2) Referrals into Pharmacy First, from other NHS settings, will be critical to achieving this number, which will act as an invaluable pressure release valve for other stretched parts of the NHS.



PHARMACIES HAVE ALREADY PROVIDED CARE FOR MILLIONS OF PATIENTS

Community pharmacies have provided nearly 1.5 million Pharmacy First consultations in the first 9 months of the service. (1)



There are approximately **9,200** pharmacies providing Pharmacy First services, that's **88%** of pharmacies in England. (3) Data collected on pharmacy payments is available publicly from the NHS, but this information runs three months in arrears and so is currently limited to the initial months of commissioning. To obtain an up-to-date insight into performance, every week the CCA collects data directly from over 3,000 of its members' pharmacies.

A strong start to the service saw community pharmacies claim for 125,000 consultations in the first month. (3) This has subsequently increased to over 185,000 in August 2024 — the most recent available public data. (3)

Only consultations that have met the service's 'gateway' criteria for pharmacy payment are reported in the NHS data. Gateway criteria are defined by the NHS, setting out when a consultation meets requirements for payment. Many more patients attend pharmacies seeking help and treatment from the service. Some are supported in the pharmacy, others are referred to more appropriate NHS settings, such as their GP or even A&E. CCA data shows that the number of consultations that meet gateway are approximately **90%** of all recorded consultations. (1) This shows that the service is well designed, meeting the needs of most patients attending pharmacies for care.



PHARMACIES HAVE ALREADY PROVIDED CARE FOR MILLIONS OF PATIENTS

Modelling using CCA members' detailed data and that available from the NHS, allows the forecasting of activity for all pharmacies across the network. The latest CCA data available, from October 2024, indicates that the community pharmacy network provided over **200,000** Pharmacy First consultations. (1) Before the launch of Pharmacy First, these patients would likely have attended their GP. Using CCA data it is estimated that **at the current rate, Pharmacy First is moving up to 2 million consultations from general practice to community pharmacy every year.** (1)

Both CCA and NHS data has shown that patient engagement with Pharmacy First is highly seasonal in nature. There are several conditions within the service that are more prominent in the winter, such as sore throats and otitis media (earache). **Based on the current rate of delivery, approximately 2.5 million consultations will have been provided by the current end date of the service in April 2025.** (1) This may be even higher if winter pressures increase patient demand.

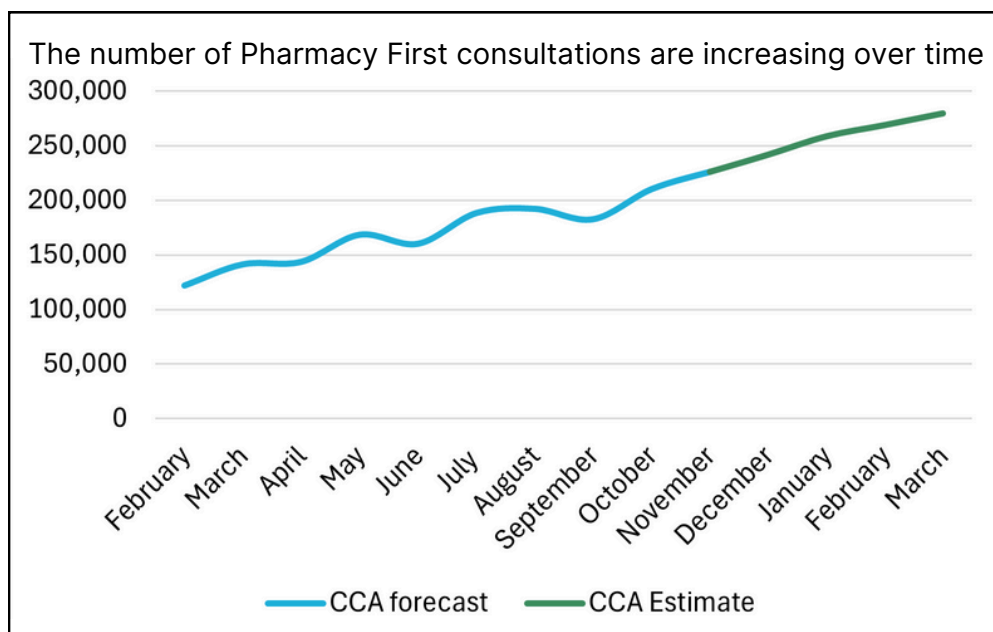


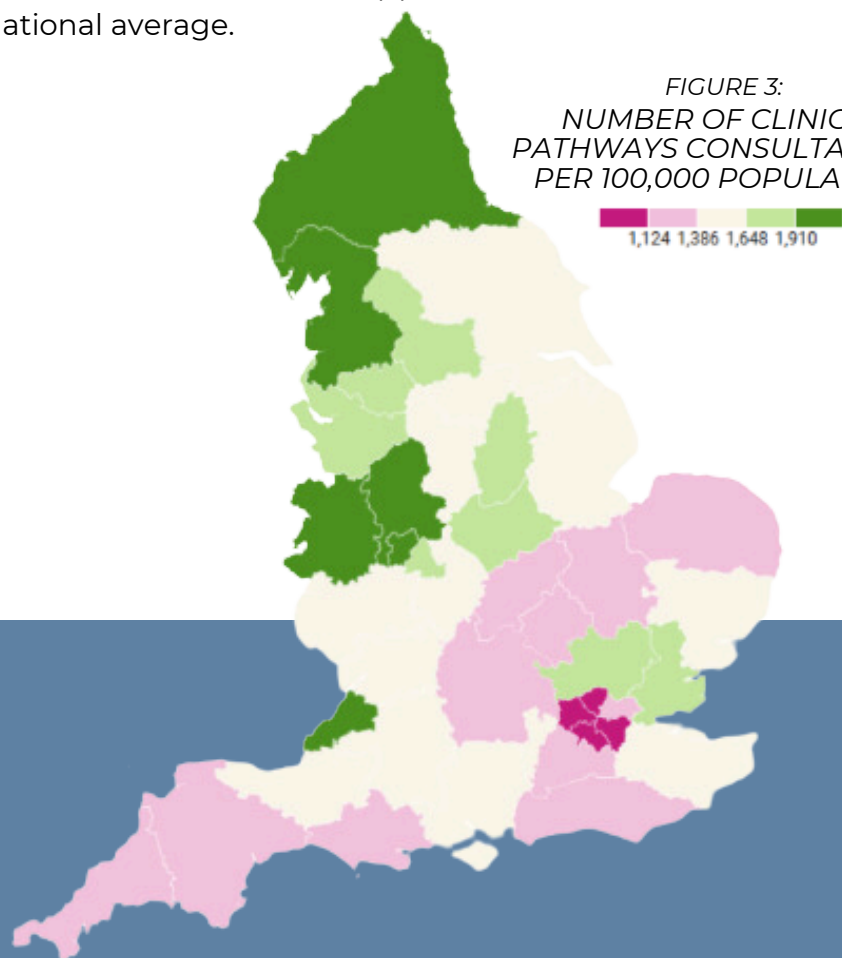
FIGURE 2: PREDICTED PHARMACY FIRST VOLUMES

...2.5 million consultations will have been provided by April 2025. (1)



PHARMACY FIRST CONSULTATIONS ARE NOT PROVIDED EVENLY

The data available indicates that there is variance in the level of Pharmacy First provision across the country. Pharmacies in the North West of the country are providing greater volumes (per 100,000 population) than other parts of the country. For instance, pharmacies in The Black Country have provided (population-adjusted) **over two and a half times more** consultations than North Central London. (3) North Central London currently provides just over half of the national average.



Pharmacies across Greater Manchester are commissioned to provide a “Minor Ailment” service.

This service allows patients to ‘self-refer’ for the treatment of minor illnesses such as hay fever, constipation, and head lice. Many of the treatments are available to buy directly from the pharmacy.

Patients who meet eligibility criteria can receive these medicines without cost. Patient eligibility is based on the prescription exemption criteria used for all other primary care medicines.

Initially commissioned to support winter pressures, the service has successfully reduced pressures on other parts of the NHS, and has subsequently been recommissioned.



PHARMACY FIRST CONSULTATIONS ARE NOT PROVIDED EVENLY

One factor that likely impacts uptake is previous service commissioning. The North East and North Cumbria Integrated Care Board began an NHS Urinary Tract Infection (UTI) treatment pilot in July 2022 — “ByeByeUTI” (4). The success of this pilot has likely provided a very strong base of awareness for Pharmacy First in that locality. **Pharmacies are reporting that where similar local services have previously been commissioned, patient (and NHS referral) behaviours have already changed.** It is likely this will continue as the service becomes embedded, further increasing volumes.

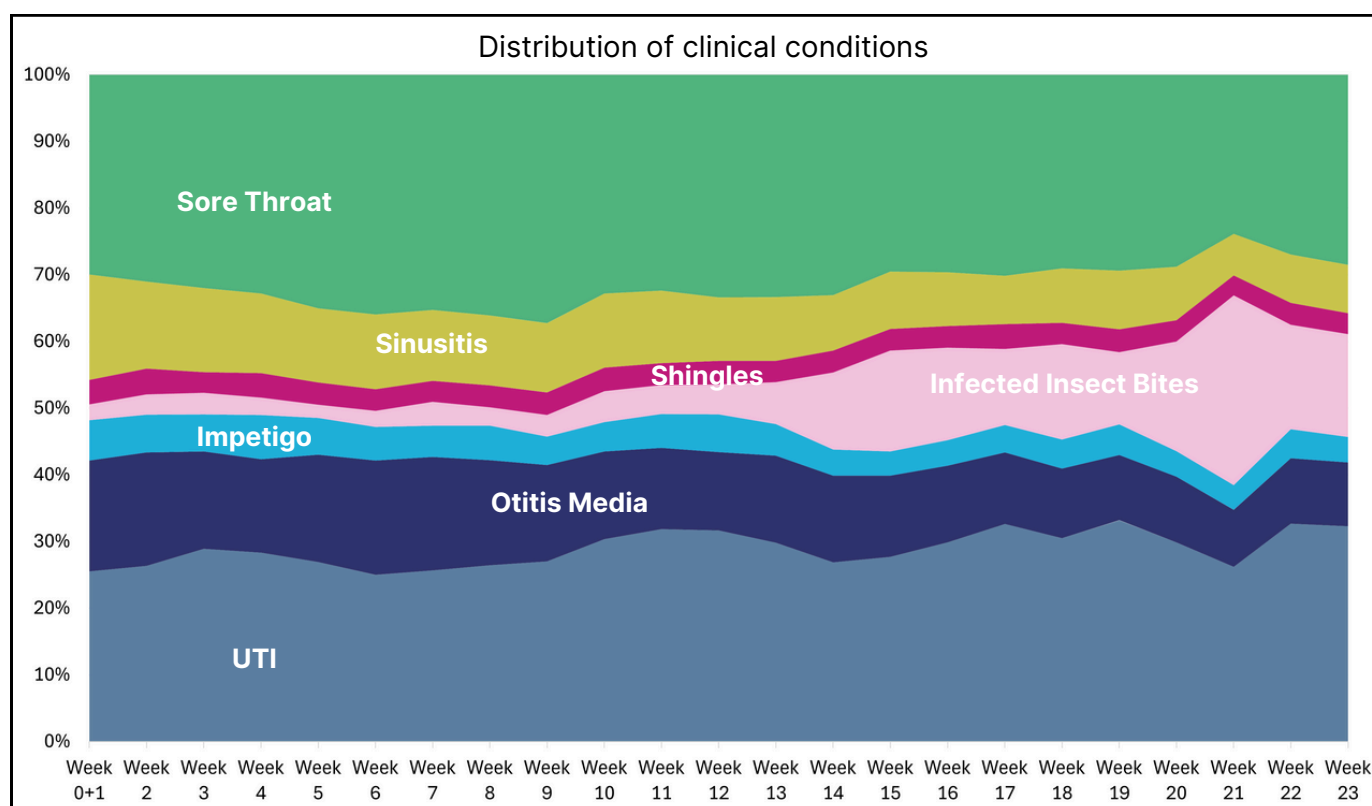


FIGURE 4: CHANGE IN THE CLINICAL CONDITIONS TREATED OVER TIME

All seven clinical pathway conditions have been available to patients throughout the service. However, UTIs are by far the most common condition. **Each week, over a quarter of all consultations have been for UTIs — peaking at almost 40% in September.** There have been relatively few consultations for shingles or impetigo.

This reflects the incidence of the conditions. There are an estimated 150,000 to 250,000 cases of Shingles in the UK each year. (4) However, there are up to 10 million GP appointments every year for UTIs. (5) Comparing prevalence data to Pharmacy First consultations shows the service is reflective of patient demand.



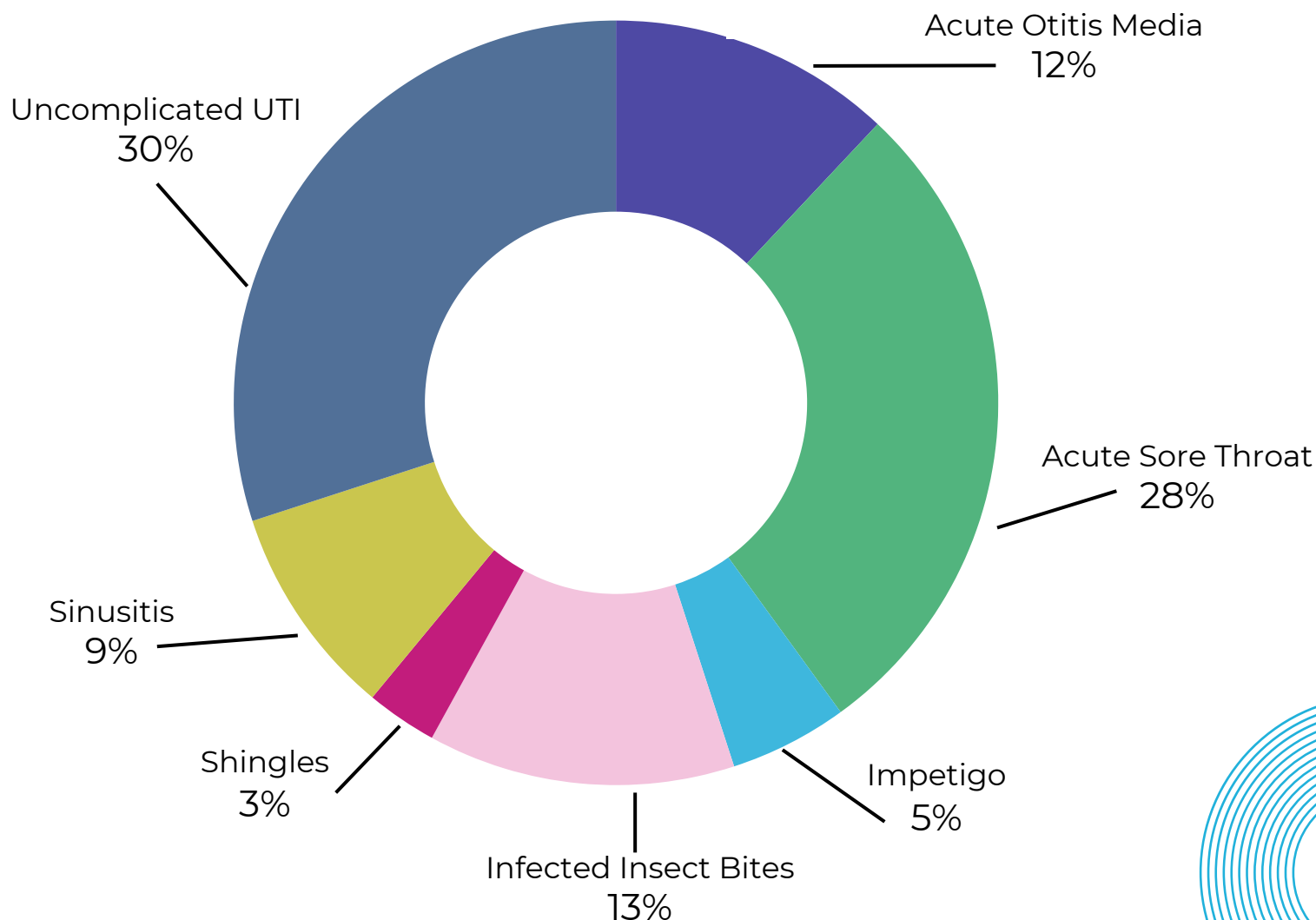
PHARMACY FIRST CONSULTATIONS ARE NOT PROVIDED EVENLY

It also indicates the potential that the service has. Not all people with these seven conditions will attend their community pharmacy. This may partly be due to lack of awareness, the complexity of the patient's condition (co-morbidities), or simple patient choice.

Pharmacy First offers a new route to access urgent care, and patient awareness is still growing. Raising awareness across the population is important to maximising the benefits of the service.

Similarly focusing efforts to include underserved communities is important to tackling health inequalities.

FIGURE 5: PROPORTION OF CONSULTATIONS BY CONDITION



PHARMACY FIRST CONSULTATIONS ARE NOT PROVIDED EVENLY

There are an estimated 18.4 million GP appointments annually for the seven conditions currently commissioned in Pharmacy First. **CCA estimations are that there are as many as 9.2 million GP consultations** that can be safely transferred to community pharmacy with the current service. (1)



Condition	Annual GP Appointments	Potential Pharmacy First consultations
Insect Bites	80,000	40,000
Impetigo	320,000	160,000
Otitis Media	0.5 million	0.25 million
Shingles	1 million	0.5 million
Sinusitis	'Up to' 3 million	1.5 million
Sore Throat	3.5 million	1.75 million
UTI	10 million	5 million
TOTAL	18.4 million	9.2 million

FIGURE 6: ANNUAL GP APPOINTMENTS COMPARED TO POTENTIAL PHARMACY FIRST CONSULTATIONS BY THE SEVEN CONDITIONS TREATED



MATCHING PATIENT DEMAND TO PHARMACY PROVISION

Pharmacy First is not only increasing the capacity and access to urgent care but is also starting to build invaluable resilience for primary care. In future, if the service expands, pharmacists could treat a greater range of conditions increasing the impact on access. Currently, reduced GP provision (for any reason) will result in increased hospital attendance or patients' going without urgent treatment and potentially experiencing worse outcomes. Pharmacy First offers a new way to mitigate this.

The Index of Multiple Deprivation (IMD) is a measure of the relative deprivation of a community. It considers measures of income, access to healthcare, crime, and barriers to housing. Communities are grouped into 'deciles' — 1 being the 10% most deprived and 10 the 10% least deprived.

It is well known that community pharmacy benefits from the 'positive pharmacy law'. (6) There is often less access to NHS healthcare in areas of higher deprivation. The reverse is true for community pharmacy, with more pharmacies in deprived areas. This means areas where there is greater demand have greater access to community pharmacy care. Many pharmacy services show a correlation with deprivation — there are more services provided in the most deprived communities. Pharmacy First is no different with **27% provided in the 20% most deprived communities (IMD 1 and 2). Up to July 2024 there were nearly twice as many consultations in the most deprived communities than the least deprived.**

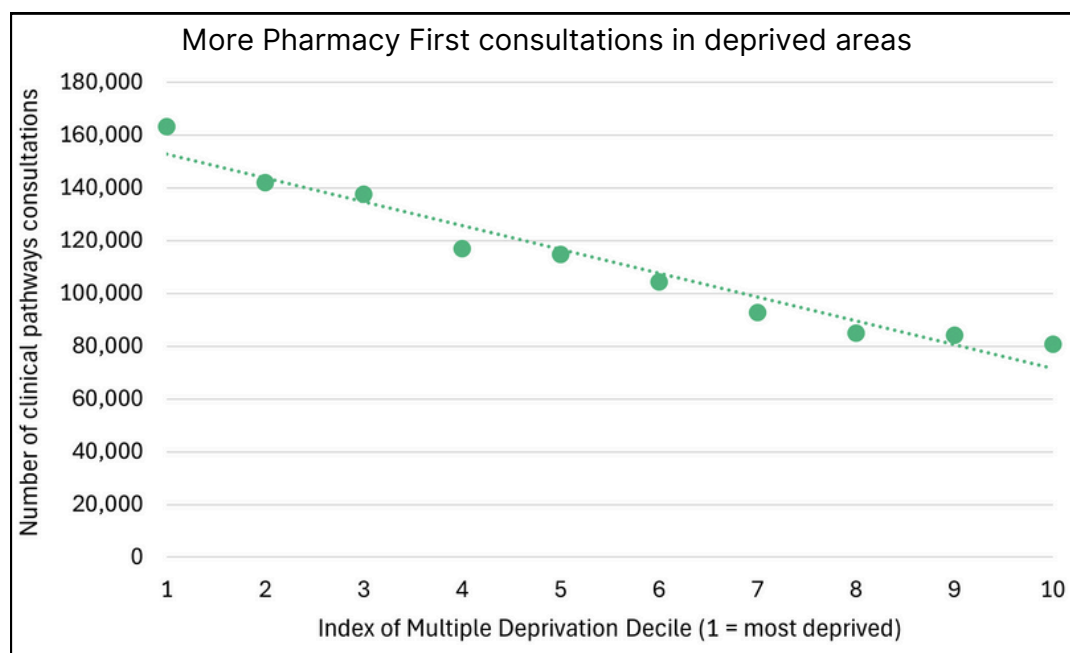


FIGURE 7: SERVICES PROVIDED BY COMMUNITY DEPRIVATION

...there were nearly twice as many consultations in the most deprived communities than the least deprived.



MATCHING PATIENT DEMAND TO PHARMACY PROVISION

Pharmacy First provides an important benefit to the NHS by tackling health inequalities. Patients in less affluent areas are more likely to have caring commitments, reduced access to transport (i.e. don't own their own car), or reduced flexibility in work commitments (fixed shifts). Many people cannot access care within traditional office hours without taking time out of work – time off that they cannot afford. Pharmacy First directly addresses this need – as shown by the uptake profile seen in the CCA data.

Patients attend pharmacies every day for Pharmacy First consultations. When the number of Pharmacy First consultations are weighted by the number of pharmacies open at the time and day of access – patient demand can be understood.

There is an expected spike in demand on Mondays following the weekend. However, there is a surprising volume of consultations at the weekend – especially considering the fewer number of pharmacies open. Despite only accounting for 4% of the CCA's members weekly opening hours, 8% of all consultations took place on a Sunday. (1) **In effect this means that demand for consultations on Sundays is double the average of that during the week.**

This insight is important because it shows the value of pharmacy access. Patients who require urgent treatment for these conditions previously would have attended A&E, out of hours GP services, or similar. **Pharmacy First is not only better value for the NHS, but also releases capacity within these urgent care services for more acute or complex conditions.**

Data shows that patient demand is consistent through the month. Whilst this is to be expected, the weekly data shows **spikes in activity around bank holidays such as Easter**. There was also a **15% spike** in weekly activity when the CrowdStrike IT outage occurred in July 2024. (1)

It is becoming clear that when normal routes to care, such as general practice, are unavailable patients turn to pharmacies.

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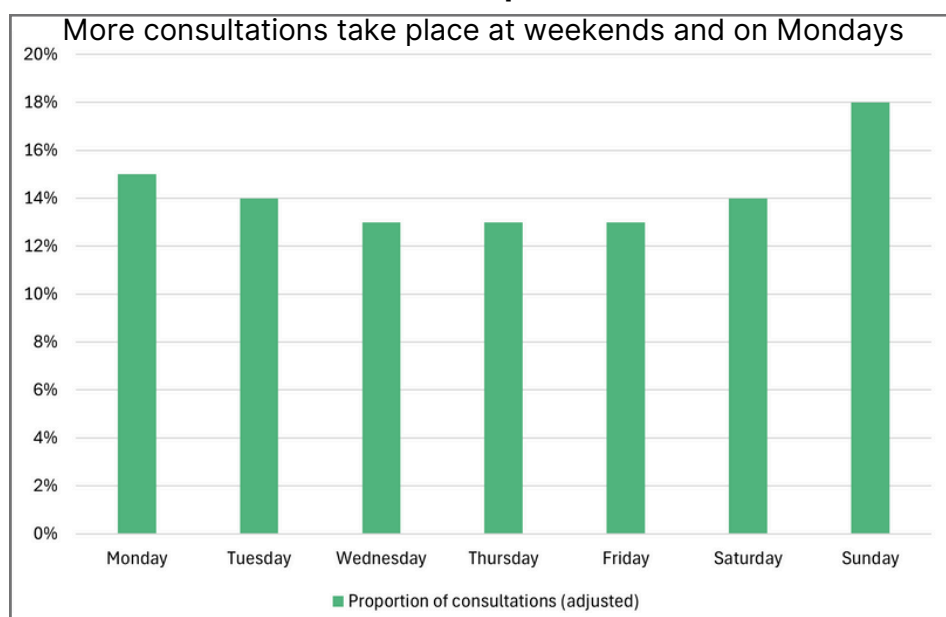


FIGURE 8: PHARMACY FIRST CONSULTATION NUMBERS WEIGHTED BY NUMBER OF OPEN PHARMACIES

FUTURE DEVELOPMENT TO FURTHER IMPROVE ACCESS TO CARE

The Primary Care Recovery Plan suggests Pharmacy First will transfer up to 6 million GP appointments to community pharmacy every year. (2) The prevalence data suggests the seven conditions could reach over 9 million in time.

These forecasted volumes could be further enhanced by expanding the scope of the service. The service scope can be expanded by:

1. Increasing inclusion criteria for the seven current conditions and incorporating Independent Prescribing.
2. Making other, non-prescription medicines available through the service.
3. Adding new conditions.



Patient Group Directions (PGDs) are a legal mechanism that allow healthcare professionals to supply or administer specific medicines without a prescription. Different PGDs define the healthcare professionals that can use them, and the training or skills they need. They also pre-define a group of patients that can receive the medicine.

Importantly, PGDs will determine criteria when medicines can and cannot be given. This may be patients with certain symptoms, meet age criteria, or other medical conditions.



FUTURE DEVELOPMENT TO FURTHER IMPROVE ACCESS TO CARE

1 Increasing the number of patients able to be treated

Currently pharmacies support patients attending for one of seven clinical conditions, but treatment cannot always be provided — even following successful diagnosis. Whilst there will always be a proportion of patients that require escalation and referral, there are a body of patients who are excluded for reasons such as their age or gender. As pharmacist competence and experience grows, the **Patient Group Directions (PGDs) should be reviewed and eligibility criteria expanded to include more patients**. This may require additional access to testing. This is important to realise the true potential of the service.

Independent Prescribing (IP) is a qualification all pharmacists will hold from registration after 2026. This will allow them to prescribe medication for all patients. **Moving from a PGD-led service to an IP-led service will enable further expansion of eligibility**. IP care is only limited by the competence of the individual professional prescribing, rather than nationally set directions. By allowing IP into the service, pharmacists will be able to expand their knowledge and ability to treat more patients with these conditions, without the governance limitations of national PGDs designed for all pharmacists.

Moving to an IP-led service will enable the constant evolution of the service. As pharmacists' scope of practice increases, they will be able to provide both initial diagnosis and treatment, and where appropriate, preventative or long-term treatment options.



FUTURE DEVELOPMENT TO FURTHER IMPROVE ACCESS TO CARE

2

Tackling inequalities in minor illness treatment

Pharmacies providing treatment for the seven clinical conditions, also receive referrals for other minor illnesses, such as athlete's foot or scabies. NHS111, GPs, and others can refer patients to receive care for such simple conditions. The NHS estimates that currently, over 20 million GP appointments each year are used by patients who could safely be treated in their community pharmacy. Often, the reason for attending the GP is the cost of purchasing the 'over the counter' (OTC) medicines they need. (7)

Of the 20 million opportunities, last year only 1.8 million referrals were made to pharmacies for minor illnesses. It is important to recognise that some patients will always choose to attend their GP for care that can safely be provided by their community pharmacist. However, there are also two barriers that prevent patients attending pharmacies for their urgent care: operational administration and cost.

Currently patients must contact their GP practice and be referred to pharmacies for free NHS treatment. Patients should be trusted to know where best to receive the care they need. **A 'walk-in' service, as with the clinical conditions service will allow patients to self-refer to pharmacies, without the need to see their GP at all.**

Many of the minor illnesses currently referred to pharmacies can be treated with advice and/or OTC medicines available for purchase. In line with current NHS England self-care policy, without formal referral, patients must use their own money to purchase these medicines. (8) However, GPs can choose to prescribe OTC medicines if they believe it is clinically appropriate. The prescribing of OTC medicines is not uncommon, or indeed the exception. There is a risk that the perception of treatment being 'free' from a GP and 'paid for' in the pharmacy drives people away from pharmacies and to GPs. **Allowing patients to receive NHS funded OTC treatments for minor illnesses, for instance when they are eligible for free prescriptions, will help move millions of patients away from GPs and into pharmacy.**

There are already examples of such services being commissioned locally, such as in Greater Manchester, Cornwall, and London. (9)



FUTURE DEVELOPMENT TO FURTHER IMPROVE ACCESS TO CARE

3

Increasing the scope of Pharmacy First through new conditions

Increasing the number of eligible conditions will dramatically increase Pharmacy First volumes. It will also share the benefits of greater access with ever more patients.

Initially, additional PGDs will allow pharmacies to provide treatment for conditions such as:

- Eye infections – up to 3 million appointments (10)
- Migraines – up to 2.5 million appointments (11)
- Acne Vulgaris – up to 3.5 million appointments (12)
- Chest infections in adults – up to 2.5 million appointments (13)

Given patient preferences and needs, it is likely **50%** of patients could be transferred to community pharmacy. This is easily a further **5 million** consultations per year.

There are also other conditions that could be added to Pharmacy First that link with other parts of primary care.

- Lower Back Pain – up to 5.5 million appointments (14)
- Dental Pain – over 0.5 million appointments (15)



FUTURE DEVELOPMENT TO FURTHER IMPROVE ACCESS TO CARE

3

Increasing the scope of Pharmacy First through new conditions

Referrals from different parts of the NHS are essential to building Pharmacy First into mainstream NHS patient pathways. It is also important that pharmacies can refer patients to other, more appropriate parts of the health system, without the need to navigate through a GP. For instance, many patients with lower back pain would benefit from referral to physiotherapy. After providing appropriate symptomatic pain relief, pharmacies should be able to electronically refer patients directly, speeding up treatment and ensuring the physiotherapist has a clear understanding of interventions already provided.

This applies to all parts of the NHS. In time, pharmacies should be able to send and receive referrals to/from dental practice, opticians, physiotherapists, phlebotomists, and all other parts of primary and community health care. Referrals to secondary care are also important, particularly where supporting investigations or follow up are time sensitive. There are already NHS pilots across the country exploring this connectivity in the form of cancer screening services. The outcomes of this should be incorporated into any future Pharmacy First developments.

All together, new prescription-only medicine treatments could transfer nearly **10 million** additional GP appointments to pharmacy every year. (10 - 15)

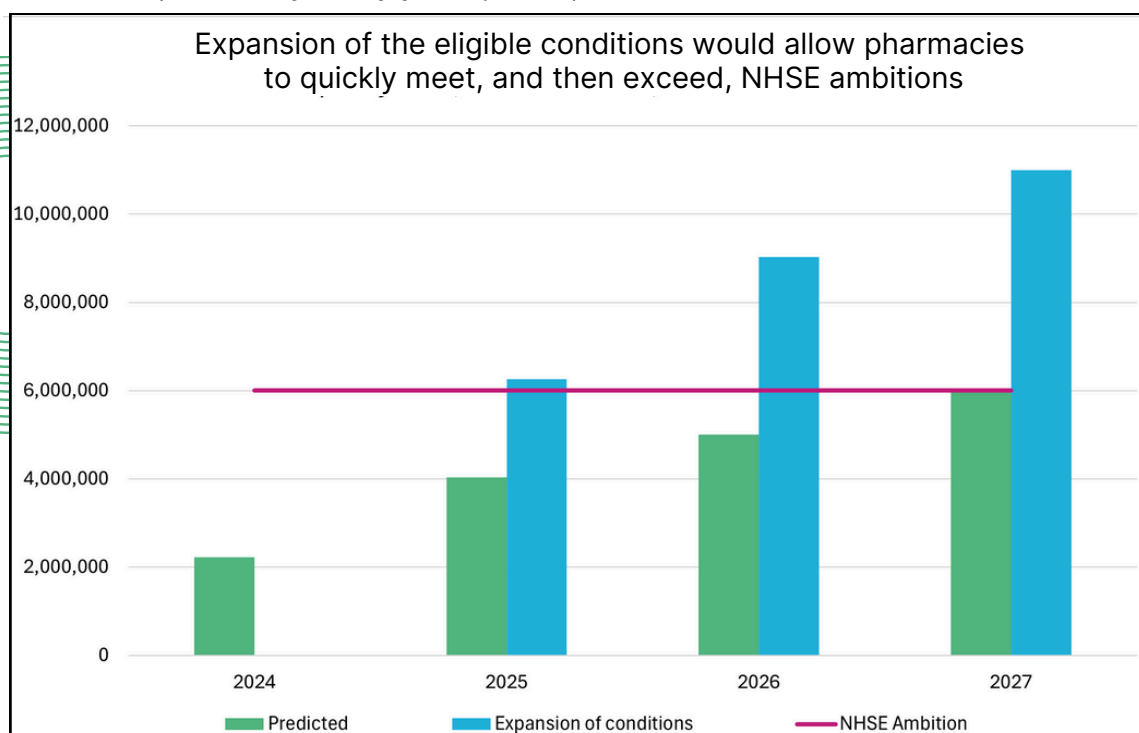


FIGURE 9: PREDICATED SERVICES GROWTH WITH THE EXPANSION OF CONDITIONS



SUMMARY

Pharmacy First is transforming patient access to care. It is using the access of community pharmacies to provide care when and where it is needed. The locations of community pharmacies mean it is directly tackling health inequalities across the country.

At the current rate of growth pharmacies will achieve the NHS target of 6 million GP appointments in 2027. In its current form, prevalence data suggests in time this number will grow to approximately 9 million. (1)

With action and ambitious commissioning from NHS England, up to **40 million** consultations could be transferred from general practice every year. (1)

This shift in care requires:

- 1 Expanding the PGD criteria of the current seven conditions the service focuses on, to allow more patients to be treated and incorporate Independent Prescribing skills (where available) as soon as possible.
- 2 Adding new clinical conditions including a self-referral route for minor illnesses.
- 3 Further raising public awareness of the service so that everyone eligible can access these services.



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WHO WE ARE

COMPANY CHEMISTS' ASSOCIATION

Established in 1898, the CCA is the trade association for large pharmacy operators in England, Scotland and Wales. The CCA membership includes ASDA, Boots, Lincolnshire Co-op, 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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