

# **One year on: How is Pharmacy First working for patients?**

June 2025

# Contents

Executive summary.....	2
Introduction.....	4
This report: What we did .....	5
1. Use of Pharmacy First service .....	2
2. What's working well.....	9
3. Understanding non-users: Barriers and opportunities .....	12
4. Challenges.....	16
5. The future of pharmacy services.....	21
Conclusion and recommendations .....	25

# Executive summary

In January 2024, Pharmacy First went live, helping people get treatment for seven common conditions faster. It allows community pharmacists to diagnose and supply prescription-only medicines without needing a GP.

One year on, 98% of pharmacies have signed up to Pharmacy First, and over two million consultations have been delivered for the seven conditions offered through the scheme.

Ahead of the scheme's launch in 2023, we investigated people's experiences of and attitudes towards pharmacy services. We found that 72% of people had used a community pharmacy in the past three months and valued the service. A majority also liked the idea of getting help from a pharmacist for common conditions.

However, people did face challenges. These included supply shortages on some medicines, pharmacies closing, and rising prices that prevent people from getting an NHS prescription or over-the-counter medication because they can't afford it.

A year later, we have found that public satisfaction with pharmacy services remains high. However, issues with medicine supply and lack of awareness of the Pharmacy First service persist.

## Key findings

- **There are high levels of satisfaction with Pharmacy First services.** Almost nine in ten (86%) reported a positive experience of visiting their pharmacy for support with one of the seven common conditions.
- **Awareness of Pharmacy First has improved, but there is more to do.** Nearly three in ten people (29%) who said they were unlikely to use a pharmacy for the seven conditions were unaware that pharmacies can provide treatment and advice for them. Almost one in three (32%) of this group would still prefer to see their GP.
- **Regional differences exist in awareness, usage, and appetite for expanding Pharmacy First.** Local Healthwatch reports show variable levels of awareness, from 39% in Halton to 72% in Stockton-on-Tees.
- **Pharmacy First has led to changes in why people visit their pharmacies.** Compared with our November 2023 results, our research and other studies indicate a possible shift in attitudes towards using pharmacies for symptom management and health advice. More research is needed to see if this growing openness to using the pharmacy for a wider range of conditions will lead to lasting change.
- **Medication shortages continue to affect people.** There has been almost no improvement since last year in terms of people experiencing medicine shortages when visiting their pharmacy (24% to 23%).

- **Privacy concerns are a key driver of poor experiences.** Just under one in ten (8%) people felt uncomfortable discussing their health concerns in the pharmacy, citing issues including having to talk in front of other customers and a lack of space for private conversations.

## Key recommendations

Addressing barriers to pharmacy access and drivers of poor experience will increase confidence in pharmacy services and the Pharmacy First scheme. There must also be action to raise awareness of the scheme and realise its untapped potential to reach and support more people.

Support is also needed to continue improvements and process efficiencies, while looking to the future of the scheme in terms of its potential to expand.

- **Continue raising awareness of the Pharmacy First Scheme.** To ensure more people can benefit from the scheme, national campaign work must continue, with updated campaign materials and proactive outreach to targeted groups.
- **Give pharmacy teams the support they need to provide more Pharmacy First consultations.** To continue delivering services, funding provision must increase, while pharmacy premises should be reviewed for appropriateness, accessibility and comfort.
- **Expand the Pharmacy First scheme to provide consultations for more conditions.** In consultation with key stakeholders and the public, more conditions should be considered for delivery through the scheme.
- **Formally collect, publish, and measure patient experience of community pharmacy services, including the Pharmacy First scheme.** To understand access and satisfaction with pharmacy services and for service improvement, transparent data and targets should be introduced.
- **Take action to mitigate the impact of medication shortages.** Almost one in four people are still impacted by medicine shortages, so action must be taken to give pharmacy teams more dispensing flexibility, while providing official information and advice to those affected by supply issues.

# Introduction

## Background to Pharmacy First

GP access has been a critical pressure point in the NHS in recent years. Over the last five years, [national data](#), [Healthwatch reports](#) and media coverage have all brought to light stories of people struggling to make appointments, GPs overwhelmed by demand, and patients facing long waiting times.

In 2024, access to GP appointments was the most common issue people contacted Healthwatch about. Despite [record numbers](#) of GP appointments, [Health Foundation](#) research from November 2024 found that 38% of the public ranked GP access as the top NHS priority.

The Department for Health and Social Care (DHSC) launched the Pharmacy First initiative in January 2024, a key part of the [primary care recovery plan](#) of May 2023, which identified expanding access to pharmacies as a key strategy for reducing demand for GP services. This enabled pharmacies in England to provide treatments for seven common ailments through the service. These are ear infections, impetigo, shingles, sinusitis, sore throat, infected insect bites and uncomplicated urinary tract infections (UTIs).

Pharmacy First marked a significant shift in how community pharmacies work within the NHS. They moved from a traditional role of dispensing medicines to diagnosing and treating certain conditions themselves, without patients needing to see a GP first.

## Our previous research

Given the significance of this policy shift, Healthwatch England began tracking public attitudes even before Pharmacy First launched. This research builds upon our first report, '[Pharmacy: What people want](#)', published in April 2024. We conducted a nationally representative poll<sup>1</sup> and interviewed pharmacists and members of the public in November 2023, shortly before the launch of Pharmacy First. This timing gave us a useful starting point to compare how people's views and experiences have changed since then.

The November 2023 results were broadly encouraging for the new policy – we found that most of the public was already more likely to go to a pharmacy than a GP for five of the seven new conditions. However, barriers to access around costs, pharmacy closures and medicine shortages undermined Pharmacy First's potential.

Almost one in four (24%) had experienced shortages when trying to get medicine, and 42% had experienced problems getting medicine in general. Pharmacies permanently closing and temporary closures also caused

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<sup>1</sup> Yonder carried out this poll in November 2023. It included a nationally representative sample of 1,641 adults in England.

frustration. We found there was little transparency about temporary closures, and little information given to local residents when temporary closures occurred.

In a follow-up piece of [work published in September 2024](#), we submitted Freedom of Information requests to all 42 Integrated Care Boards. These revealed that over 430 community pharmacies closed permanently in 2023, with nearly 14,000 temporary closures reported.

## This report: What we did

This new report summarises our research and findings over one year after our initial report and the launch of Pharmacy First. By asking people similar questions to those in our earlier study, we wanted to see what early effects the primary care recovery plan and Pharmacy First services might be having on how people think about and use pharmacy services.

We commissioned two national polls and gathered qualitative insights to explore how the Pharmacy First policy in England is working in practice over a year since its launch on 31 January 2024.

Due to the documented low levels of public awareness around Pharmacy First, we made the methodological decision to ask about the seven pharmacy services that the Pharmacy First scheme offers, rather than asking about Pharmacy First by name. Many people who receive consultations may not realise they have used the Pharmacy First service. This approach found that from February 2024 to March 2025, 3,104 out of 7,039 people self-reported using pharmacy services for one of the seven conditions.

This reflects broader, self-reported use and, therefore, is not reflective of official NHS Pharmacy First statistics, which include stricter definitions and clinical recording. This discrepancy is intentional – designed to capture the full scope of pharmacy care interactions, regardless of awareness levels.

- Yonder carried out the first poll in November 2023. It included a nationally representative sample of 1,641 adults in England. The survey was conducted online, and the figures have been weighted to be representative of the adult population (aged 18+). You can find a full analysis of this poll in our [first report](#).
- Savanta conducted a follow-up poll between March and April 2025. This nationally representative survey, which involved 7,029 adults across England and was also conducted online, has been weighted to ensure representation of the adult population (aged 16+).
- We also hosted two roundtable events in early 2025 with staff from 17 Healthwatch teams from across England. These participants regularly gather public feedback about pharmacy services in their local areas and shared their insights into the rollout of Pharmacy First.

- We also analysed qualitative feedback from the public submitted to local Healthwatch services between January and April 2025. This feedback helped us understand people's experiences in greater depth.

We would like to thank all the local Healthwatch teams who participated in the roundtable:

- Healthwatch Birmingham
- Healthwatch Brighton and Hove
- Healthwatch Croydon
- Healthwatch Derbyshire
- Healthwatch Dorset
- Healthwatch Gloucestershire
- Healthwatch Halton
- Healthwatch Havering
- Healthwatch Kent
- Healthwatch Medway
- Healthwatch Portsmouth
- Healthwatch Richmond
- Healthwatch Southend
- Healthwatch Surrey
- Healthwatch Tameside
- Healthwatch Walsall
- Healthwatch Wandsworth

# 1. Use of Pharmacy First service

## How are people using Pharmacy First?

To understand how Pharmacy First is being used by patients, we can look at both NHS data and our nationally representative poll.

We asked people whether they had sought advice or treatment from a pharmacy for any of the seven conditions covered by Pharmacy First since February 2024. These are self-reported visits that may include informal advice or over-the-counter medication, not just formal consultations, and are therefore significantly higher than the official consultation numbers.

Our poll found that 44% of respondents (3,104 people) had been to a pharmacy for help with at least one of the seven conditions since February 2024. Among this group who had used the service:

- 40% sought advice or treatment for sore throats
- 28% for urinary tract infections (UTIs)
- 17% for earache

These percentages broadly align with the proportions in the official consultation data, especially for more specific conditions like UTIs and sinusitis.

[NHS England](#) data shows that in its first 13 months (February 2024 – March 2025) the Pharmacy First service has delivered around 2.4 million consultations for the seven conditions<sup>2</sup>, with a further 1.5 million minor illness and 1.4 million urgent medicine supply consultations. [Pharmacies delivered](#) the most consultations for acute sore throats (34%, 835,679 consultations), followed by uncomplicated UTIs (27%, 665,409).

The chart below compares the proportion of respondents in our poll who reported using a pharmacy for each condition with the proportion of NHS consultations for the same conditions. The similarities between our poll and national NHS data gives us confidence that the findings we gathered reflects real world use of the service<sup>3</sup>.

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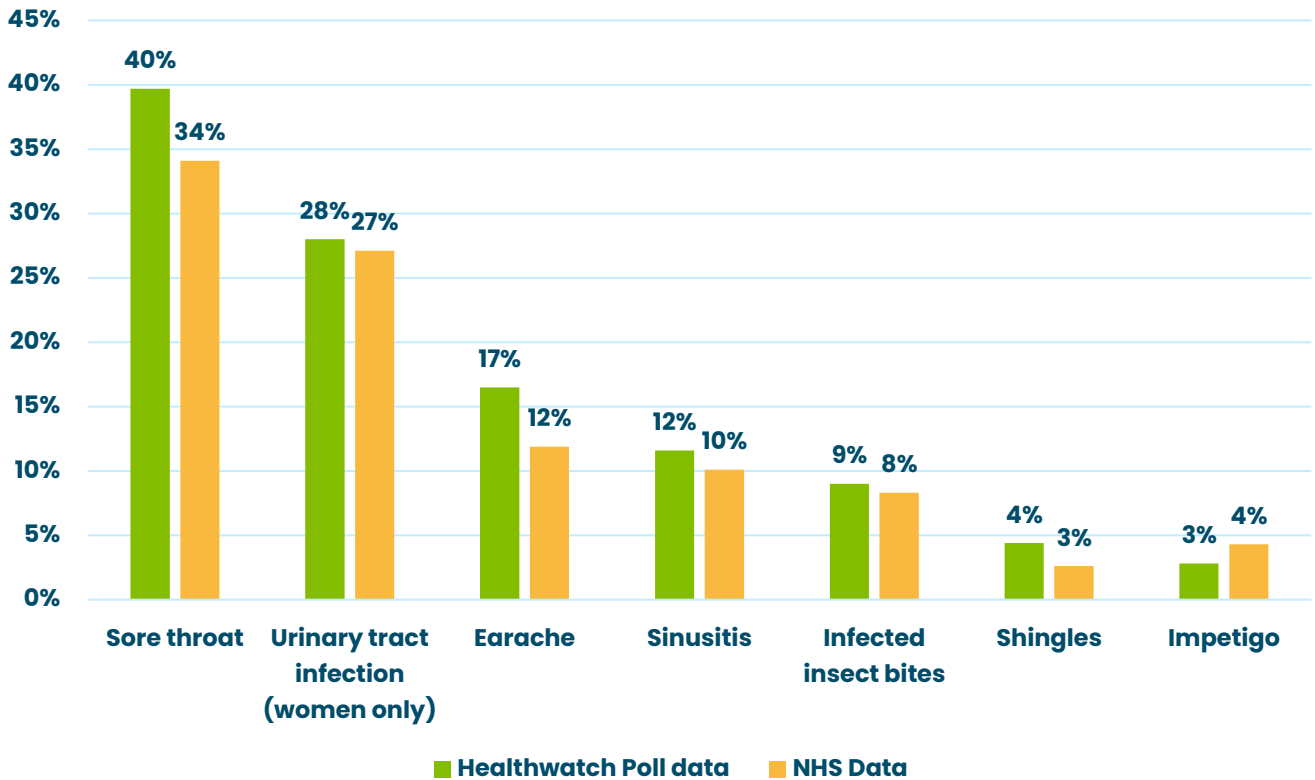
<sup>2</sup> Pharmacies have also handled 1.5 million minor illness consultations following patient referrals (from GP or NHS III) and 1.4 million urgent medicine supply consultations. These services were previously commissioned as the Community Pharmacist Consultation Service and are now under the umbrella of Pharmacy First.

<sup>3</sup> Greater alignment between NHS consultation data and our poll results is seen for more specific conditions, such as UTIs and sinusitis. In contrast, getting help for broader conditions like sore throats or earache may be interpreted in multiple ways. For



## Reported pharmacy use for the seven conditions in our poll vs NHS consultation data (Feb 2024 – Mar 2025)

(n for HW data =4427, total respondents who had used the pharmacy for one of the seven conditions)



## Geographical disparities

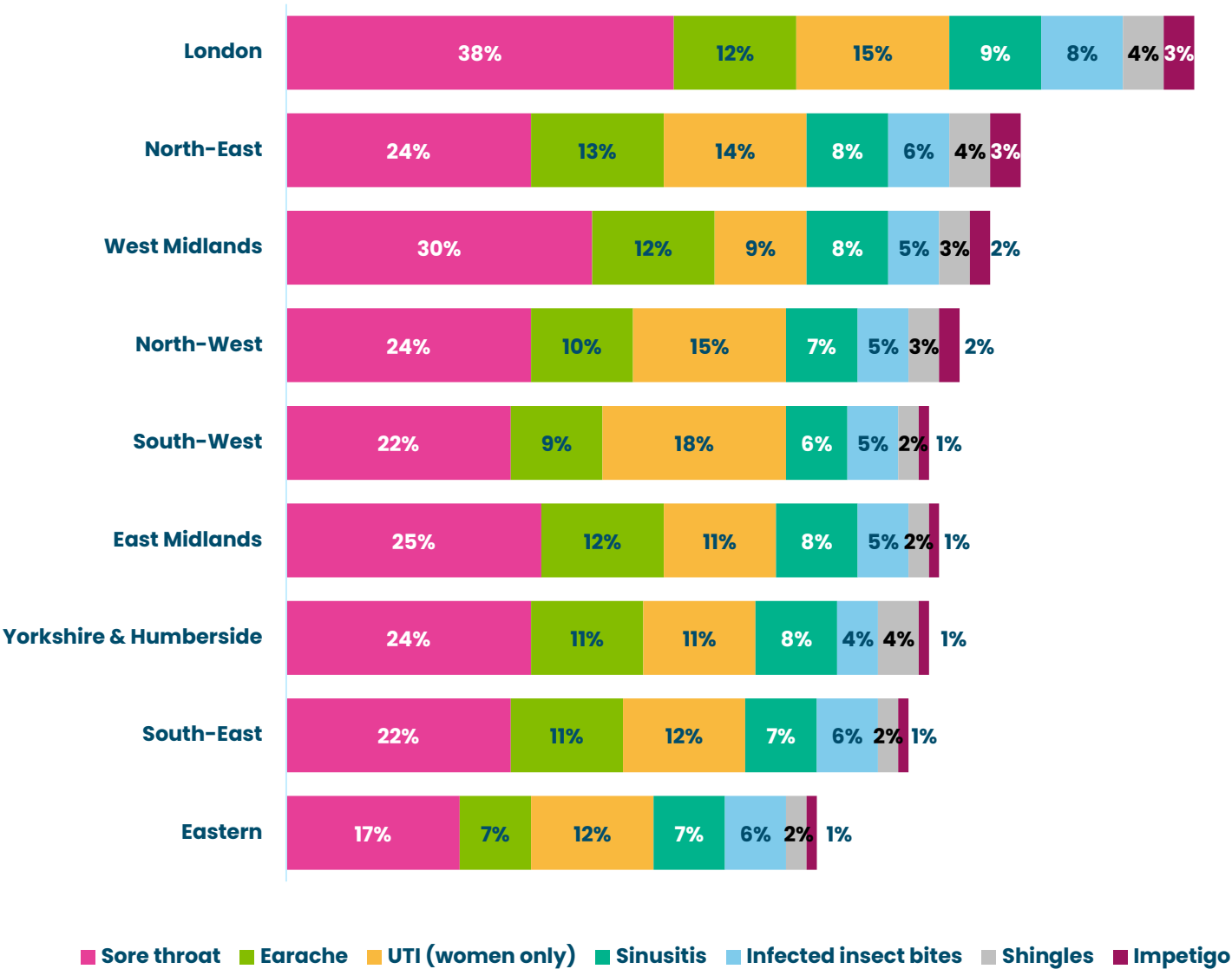
Our poll revealed notable regional variation in how people are using pharmacies for the seven common conditions covered by Pharmacy First. Although 44% of respondents reported using a pharmacy for one or more of the conditions, both the proportion of people who did so and the conditions they sought help for varied across regions.

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example, someone reporting a sore throat visit might have gone to buy over-the-counter remedies rather than having a formal Pharmacy First consultation. This ambiguity may help explain discrepancies between self-reported use and recorded figures.

The chart below shows the percentage of respondents in each region who reported using a pharmacy for each of the seven conditions. For example, 38% of London respondents said they had used a pharmacy for a sore throat, significantly higher than the national average of 26%, while only 17% in the Eastern region reported the same. This means people in London were over twice as likely to report using a pharmacy for sore throats than those in the Eastern region.

How does reported pharmacy use for the seven common conditions vary across England?



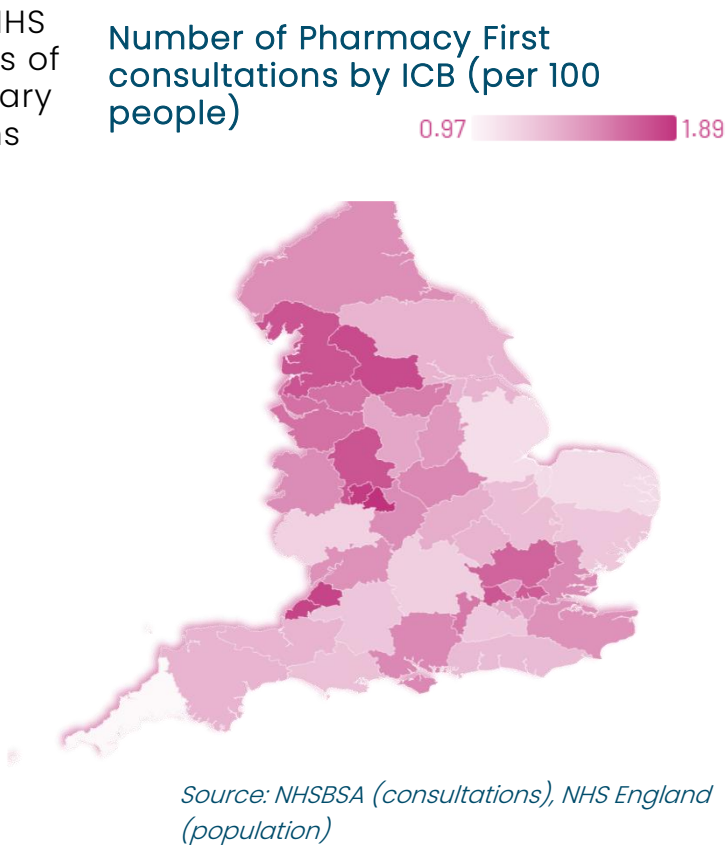
The table below outlines the percentage of respondents in each region who used a pharmacy for at least one of the seven conditions February 2024 to March 2025:

Table 1. Percentage of respondents who self-report accessing pharmacy services by region

Region	% used pharmacy for one of seven conditions
London	56%
West Midlands	51%
East Midlands	45%
North-East	44%
Yorkshire & Humberside	43%
North-West	42%
South-East	40%
South-West	38%
Eastern	35%

We also analysed the data released by NHS England for the three most recent months of Pharmacy First (December 2024 to February 2025). This data included all consultations for the seven conditions across all 42 Integrated Care Boards (ICBs). The map on the right visualises the total number of Pharmacy First consultations relative to the population of each ICB.

The map shows that the geographic distribution mirrors many of our poll's findings, with rural and coastal areas such as Eastern and Southeastern England having lower uptake. Meanwhile, Birmingham, London and North West regions with more urban areas showed higher consultations. [Our interactive map of this data can be found here.](#)



Birmingham and Solihull ICB recorded the highest rate (1.89 per 100 people in the ICB population), while Cornwall and the Isles of Scilly ICB reported the lowest, at 0.97. This represents almost a twofold difference in relative uptake between ICBs.

This disparity highlights the need for targeted efforts to promote uptake in underrepresented areas. Recognising that some regions have fewer local pharmacies, any policy that shifts frontline care to pharmacies must be carefully designed to avoid widening existing gaps in regional healthcare provision.

## Regional differences: Findings on the ground

Local Healthwatch teams across the country have been working in their communities to help NHS policymakers understand how Pharmacy First is working on the ground.

- [Healthwatch Nottingham](#): Only 40% were aware of the Pharmacy First scheme, with confusion surrounding eligibility and scope.
- [Healthwatch Halton](#) found 39% of people in their survey said that they had not heard of Pharmacy First at all.
- [Stockton upon Tees](#): 72% of people said they would now access Pharmacy First before contacting their GP practice with 21% stating they would still access their GP practice first, as they preferred to see a GP.
- [Healthwatch Solihull](#): Patients expressed greater confidence in pharmacist referrals when directed by GPs rather than receptionists.
- [Healthwatch Solihull](#): Patients expressed greater confidence in pharmacist referrals when directed by GPs rather than receptionists.
- [Healthwatch Derbyshire](#) found lower awareness of Pharmacy First among people from a Black and Minority ethnic background, people under 25 years old and men.
- [Healthwatch Birmingham](#) found problems with pharmacy facilities, such as lack of proper consultation rooms and soundproofing issues affecting privacy, which have repeatedly been brought up by patients but not addressed.
- [Healthwatch Dorset](#): A survey of over 900 residents highlighted challenges in accessing pharmacy services, including limited opening hours. 63% had not heard of Pharmacy First.
- [Healthwatch Kent and Medway](#) found that some people were being redirected back to GPs because pharmacies can't complete care due to limitations like needing blood tests.

While Pharmacy First is a nationally led policy, its success depends heavily on local implementation. Pharmacies operate independently and vary in their capacity, engagement, staff training, and coordination with GPs. Public awareness also plays a critical role. Insights from local [Healthwatch teams](#) highlight how these local factors have shaped the [variation in uptake](#) observed across regions.

## Understanding how people use pharmacy services

To understand the role pharmacists currently play in people's healthcare choices, we asked which services people have used in the last 12 months.

As shown in the table below, the most common reasons for visiting a pharmacy remain the core functions – collecting prescriptions or buying over-the-counter medicines. However, a significant proportion of people are using pharmacies to access health advice and support, the key objective of Pharmacy First. One in five people are using pharmacies for advice about symptoms or about medication, and one in six go for advice about general health and wellbeing.

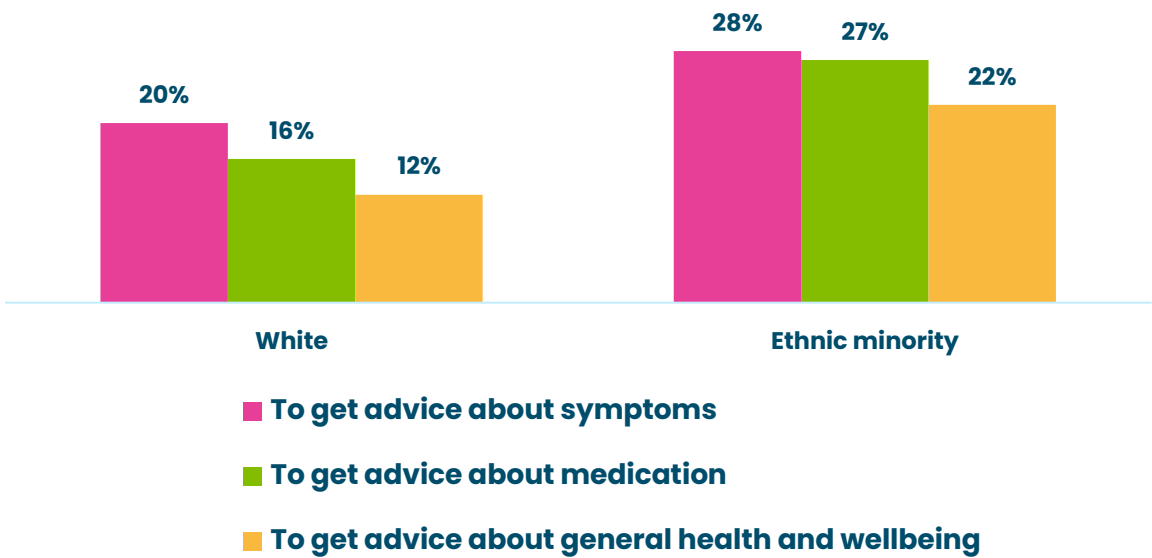
Supporting this data, an [Ipsos Mori](#) study showed that a majority of the public identify pharmacies as the organisation they would be most likely to go to if they needed information or advice about a minor health condition (58%). The [2024 GP patient survey](#) data matches our results, with 21% reporting using a pharmacy to get advice.

Table 2. Reasons for using the pharmacy/chemist in last 12 months

Reason for using the pharmacy/chemist	March/April 2025
To pick up an NHS prescription	75%
To get non-prescription shelf medication	39%
To get a vaccination	22%
To get advice about symptoms	21%
To get advice about medication	18%
To get advice about general health and wellbeing	14%
To check blood pressure	13%
To get advice or support about a preexisting/LT condition	5%
To get advice about quitting smoking	3%
To be weighed	5%
Other (please specify)	1%

In our March 2025 poll, people from ethnic minority backgrounds were significantly more likely to use pharmacies for general medical and health advice across all three advice categories, suggesting the service may be particularly valued or relied upon by ethnically diverse communities.

**Reasons for using the pharmacy/chemist (2025)**



# 2. What's working well

## What do the national figures tell us?

[NHS figures](#) show increasing confidence in and capacity of the Pharmacy First service throughout its first year, with monthly consultation numbers nearly doubling between February 2024 and February 2025.

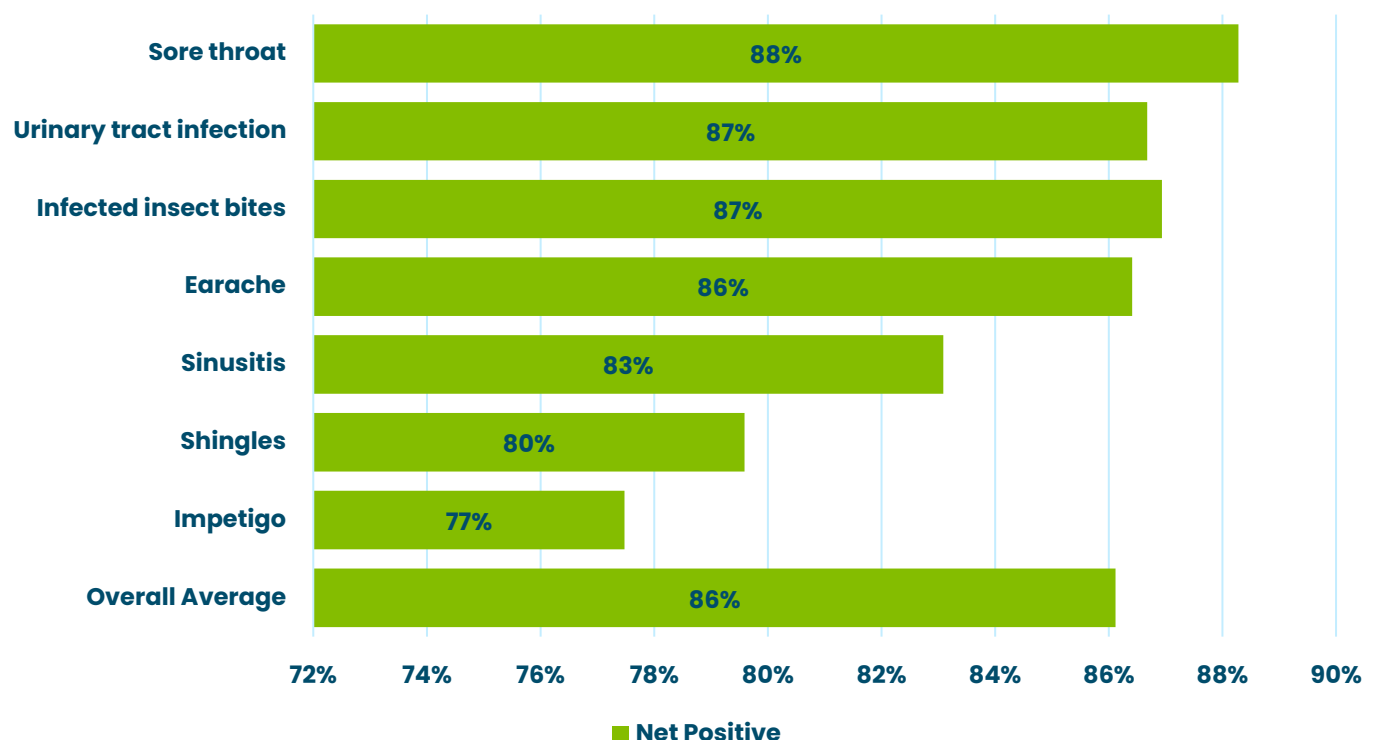
Significantly, according to data shared during an [NHS England webinar](#), only 8% of patients using the Pharmacy First service are referred back to their GP practice. This suggests that pharmacists are successfully managing the vast majority of cases and lightening the clinical load of GPs.

These national trends align with what we heard from the public in our own polling. Not only are more people using the service, but they're also reporting high levels of satisfaction with the care they receive.

## High patient satisfaction

In our poll, we asked people to rate their experience of going to the pharmacy for one of the seven conditions. Almost nine in ten (86%) reported a positive experience. This high satisfaction was broadly consistent across genders, ethnicity, areas of UK and affluence. The most positively rated experience was

### How would you rate your experience of getting help from the pharmacist about these conditions?



getting help for a sore throat (88%), while the least positive were impetigo (77%) and shingles (80%).

Getting help for impetigo and shingles also stood out in our 2023 poll as the two conditions that people expressed the most reluctance to use a pharmacist instead of their GP. In that poll, around three quarters of those who were reluctant said they preferred to see a doctor for these conditions. This suggests that concerns we previously raised around confidence, privacy, or sensitivity remain for some around these conditions.

## Discussing health with pharmacists

Our results from this year also show people are generally comfortable discussing health with pharmacists, with over three quarters (76%) overall agreeing they were comfortable. Only 8% reported feeling uncomfortable discussing their health at the pharmacist in the last year, which is roughly consistent with our poll from November 2023 (5%).

We heard directly from people who appreciated the service as a quick and responsive alternative to going to the GP.

**“When I couldn’t get a GP appointment, I visited the pharmacy and was offered their Pharmacy First service. The pharmacist was incredibly kind and professional[;] he assessed my symptoms, confirmed I had an infection, and provided the necessary medication.”**

**Story shared with Healthwatch Waltham Forest**

**“I felt that [the] chemist was very knowledgeable, and I would go when unsure about [a] health concern. It was valuable to have someone who knew what regular medication was, who could advise on what would be safe to take. When they can’t help with the problem, they will tell you to go to GP when necessary.”**

**Story shared with Healthwatch Richmond upon Thames**

We also heard that the service was convenient when travelling, or late at night when other services closed:



**“Being a long way from home and being Sunday, I couldn’t get to the doctors, so I looked up the recommended pharmacy. I was greeted warmly and taken into an examination room where the pharmacist diagnosed Shingles. He gave me some tablets that I have to take 5 times a day for a week. The lovely assistant even took my blood pressure while I was there. All round fantastic service.”**

**Story shared with Healthwatch Birmingham**

# 3. Understanding non-users: Barriers and opportunities

This section explores the perspectives of people who have not yet used the Pharmacy First service. While national data suggest that uptake remains below target, our polling encouragingly suggests that many non-users are open to using the service in future.

We examine the unfulfilled potential and assess the reasons why some people remain hesitant. By comparing responses from two polling waves, we also identify how key barriers, such as awareness and preference for GP care, decline over the year since launch.

## Missed targets and untapped potential

While 2.4 million consultations were delivered for the seven common conditions between February 2024 and March 2025, the Pharmacy First scheme also delivered 1.5 million consultations for minor illness referrals and 1.4 million consultations for urgent medicine supplies. Combined, this means [five million consultations](#)<sup>4</sup> were carried out in the first 13 months of the Pharmacy First scheme.

However, this represents at most 8% of England's population, and likely significantly less once repeat users are accounted for. This points to considerable untapped potential. [NHS targets](#)<sup>5</sup> aimed to deliver at least 320,000 Pharmacy First clinical pathway consultations per month by March 2025, yet the February 2025 figure stands at [246,813](#), suggesting they will miss this target.

[Olivier Picard](#), chair of the National Pharmacy Association, recently noted that the uptake of Pharmacy First during its first year in England has been lower than the Scottish Pharmacy First scheme which launched in 2021. As analysed by the [Nuffield Trust](#), 23% of the Scottish population (1,242,801 people) accessed Pharmacy First Scotland services at least once in its first year (2021-2022), compared to less than 8% in England.

Key differences in the rollout may explain the disparity: Scotland's Pharmacy First scheme covers a [wider range](#) of conditions and grants pharmacists greater clinical autonomy, including the ability to prescribe, which likely contributed to its stronger early adoption. To improve uptake, policy makers in England should take clear lessons from Scotland's broader and more flexible approach.

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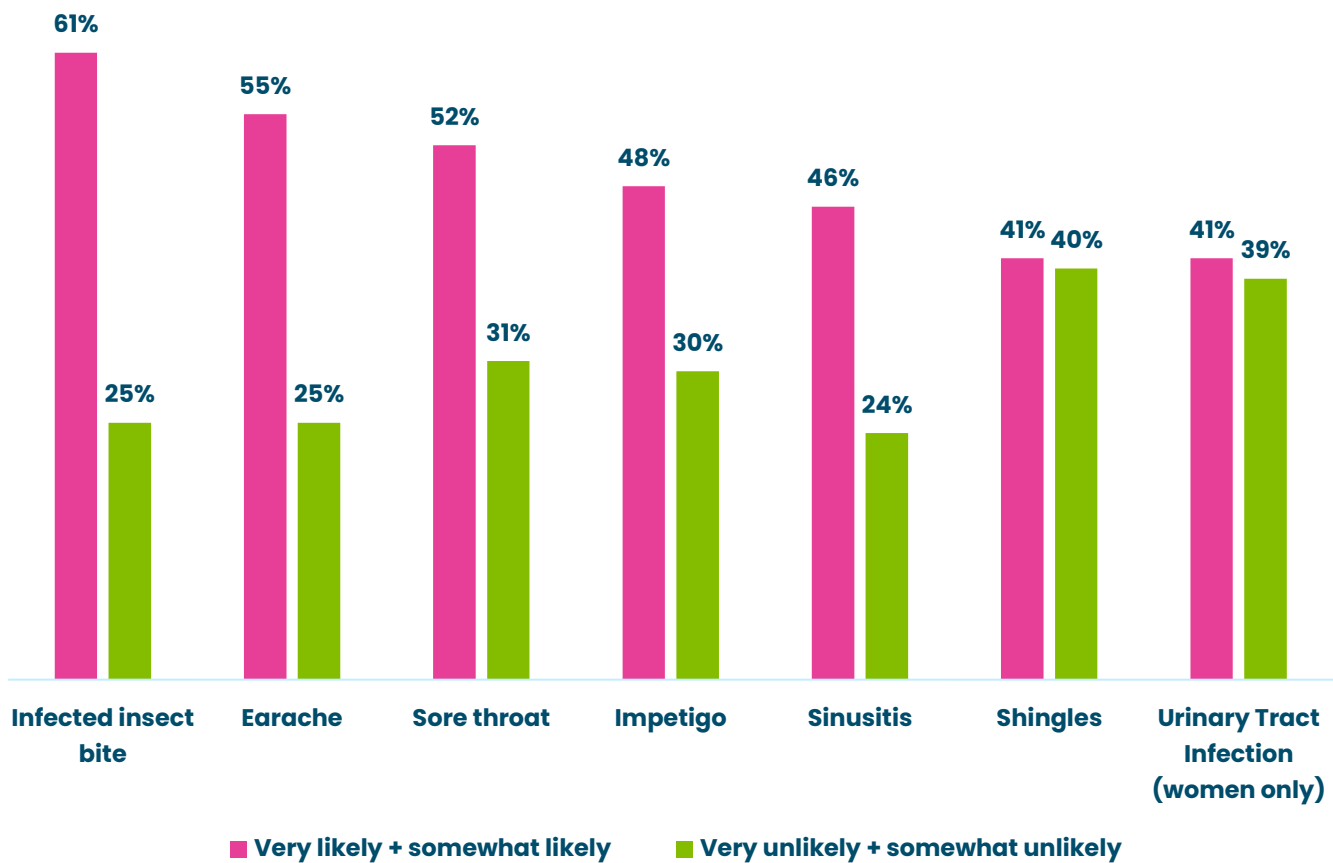
<sup>4</sup>Including [2.4 million](#) consultations for the seven conditions, 1.5 million minor illness and 1.4 million urgent medicine supply consultations.

<sup>5</sup>Published in April 2024

Further underlining the gap, figures recently shared by pharmacy minister Stephen Kinnock show just 13% of £645m Pharmacy First budget was spent in eight months to December 2024 – a significant underspend. Considering this, it is important to focus on those who have not yet used the service.

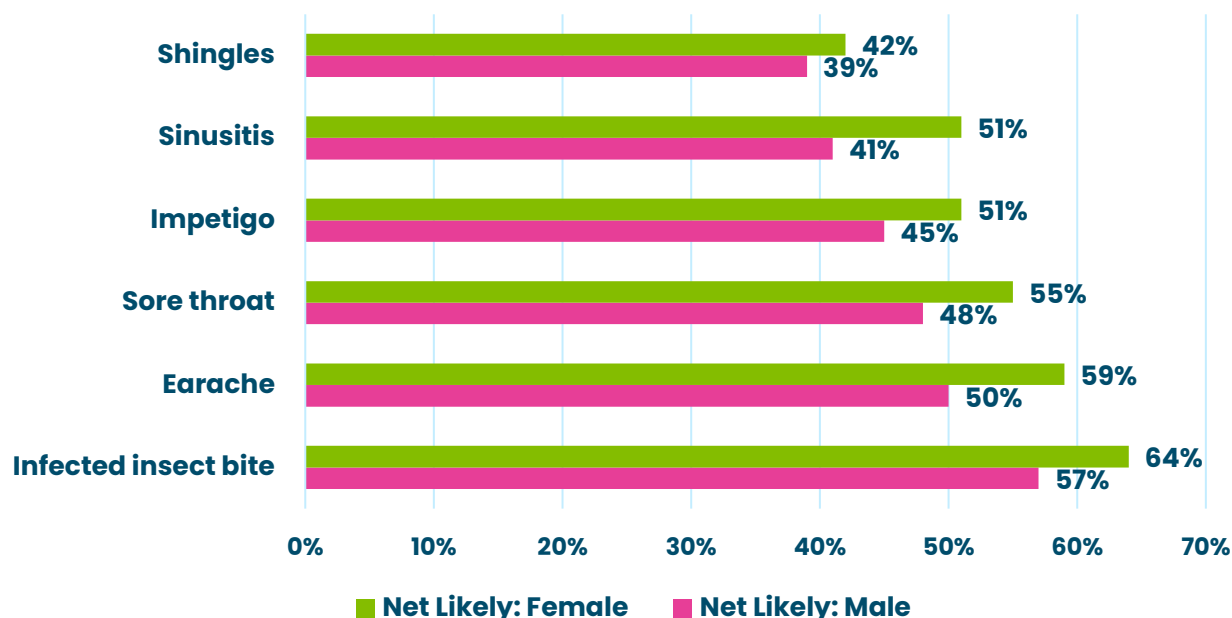
**Public receptiveness and hesitations**

In our poll, we asked those who have not yet used the pharmacy for the common conditions whether they would use a pharmacy over a GP in the future. As seen on the chart below, the majority were open to the idea, with the greatest hesitation around shingles and UTI infections.



Our poll revealed that across all conditions (excluding UTI), men in this group were less likely than women to choose to see a pharmacist over their doctor.

**In the future, how likely would you be to go to a pharmacy/chemist for treatment rather than going to your GP if you had:**



### How have barriers shifted over time?

In order to understand the barriers to uptake, we asked those who said they **unlikely** to go to a pharmacy/chemist what the reason for this was in both our November 2023 poll and our March 2025 poll.

Table 3 below compares these responses. The proportion of people who said they were unaware of the service fell by 6%, while the number citing a strong preference to see a doctor also fell. A desire for continuity in service has also become notably more common.

**Table 3. Reasons people were unlikely to use the pharmacy/chemist for the seven conditions – comparison between Nov-23 and March/April 2025**

Reason	2023	2025
I would prefer to see a doctor	44%	37%
I would feel more comfortable accessing care/treatment at my GP	34%	32%
I wasn't aware this is something a pharmacy may be able to treat	35%	29%

I feel I would get better care/treatment at my GP	26%	25%
I prefer the continuity of seeing my GP	15%	22%
I would go online to seek advice instead	(not asked)	10%
I have been told my pharmacy doesn't offer treatment for this	3%	3%
I do not have a local or easily accessible pharmacy/chemist	1%	3%
Other	3%	6%
Prefer not to say	1%	1%

These findings reinforce what we found in our previous report: awareness and trust are key drivers of uptake, and the first year of the service has helped modestly improve both.

While there has been progress, the data shows there is still work to do to ensure Pharmacy First can realise its full potential across all groups. This requires targeted information and further research to identify why certain demographics may be more hesitant.

# 4. Challenges

In our last report on Pharmacy First, we identified challenges the policy would need to overcome to achieve its full potential.

One of these challenges was the ingrained preference of a small segment of the population who were less inclined to go to a pharmacy instead of a GP. The previous section suggested there has been some progress in this area, but to better understand this hesitation we must also consider comfort, privacy and awareness issues.

It's important to recognise that for some, the GP will always be the preferred option. This choice should be respected and accommodated while continuing to improve pharmacy services and access for all.

## Patient comfort and privacy concerns

Despite overall high comfort levels, 8% of respondents felt uncomfortable discussing health concerns in pharmacies, a similar figure to last year.

Among those expressing discomfort (n=246), the most common concerns centred around privacy, particularly about discussing health matters in front of other customers.

**Table 4. Reasons people were uncomfortable using the pharmacy/chemist – March 2025**

Reason	% (Total)
I had to talk about my health in front of other customers	35%
There was nowhere available to have a private conversation	32%
I did not feel comfortable talking about my health to someone who is not a doctor	27%
I was not confident I would get the right advice and support	24%
None of the above	12%
Prefer not to say	2%
Other/Don't know	5%

In our first pharmacy report, we predicted that privacy would be a key issue holding back the rollout of Pharmacy First. Research by **Superdrug** before Pharmacy First's launch found that over 70% of respondents would consider the service only if private consultation rooms were available. While NHS England regulations require almost all pharmacies to have consultation rooms, implementation and quality standards vary significantly. Pharmacy teams may not always inform customers about the private spaces available or prompt customers to ask about them.

Our roundtable discussions with 20 local Healthwatch teams, who have been gathering data on the ground over the last 16 months, confirmed that privacy concerns remained a persistent issue. They highlighted several examples of inadequate infrastructure undermining confidentiality, including:

- Poor soundproofing that compromises private conversations
- Use of screens rather than proper consultation rooms

In addition to privacy, participants also raised accessibility concerns, particularly around wheelchair access to private consultation spaces. This creates barriers for people with mobility challenges and undermines equitable access:

**“There doesn’t seem to be any investment. When GPs need to do extra consultations, they get NHS funding to improve their surgery, but pharmacists did not get any. How easy would it be to get in there if you have a wheelchair? Bearing in mind out of the 7 conditions one is shingles, where you really do need to take your shirt off. People want to do that in a private setting.”**

**Healthwatch roundtable participant**

We also heard about this issue directly from patients:

**“I was asked by someone at the till when booking in why I was eligible and then proceeded to ask me some personal questions about my health and allergies in an open environment without taking me to a private room. Also, where I lived and date of birth.**

**“I am not happy with this as I feel this breached my GDPR rights as people could overhear all of this and my ailments, I had to tell her otherwise I couldn’t book in.”**

**Shared with Healthwatch Brighton and Hove**

## Inconsistent service and communication gaps

While some level of variation is expected as Pharmacy First continues to embed, patients and Healthwatch teams raised concerns that inconsistent service delivery is undermining trust and access. We heard about cases where expectation of what the service can provide may have been out of sync with the reality.

Some level of 'teething pains' are to be expected while pharmacists gain confidence, experience and skill in providing help for the conditions. But to address this on a national scale, there must be clearer public information on what Pharmacy First can and can't do.

**"The last few times I have had tonsillitis I have been sent to the pharmacy. Every time I am sent there, I am told it is just viral and sent home. I am then left suffering with chronic tonsillitis and no medication. I managed to get a doctor to see me, and they were shocked at the state of my throat and have referred me for surgery. I was informed that the pharmacy and GP have different thresholds which I think is awful, everyone should be singing from the same hymn sheet. I could have been referred for surgery a long time ago if it wasn't for this."**

**Story shared with Healthwatch Lincolnshire**

**"Pharmacists can treat a few illnesses. I've been sent through GP triage system a number of times. Every single time I've been told they can't help and need to see a doctor."**

**Story shared with Healthwatch Barnsley**

Healthwatch staff at our roundtable also echoed these concerns:

**"Patients often expect immediate service at pharmacies due to advertising. Frustration arises when they see pharmacists not attending to them immediately."**

**Healthwatch roundtable participant**



Healthwatch teams identified key communication issues that affect understanding and satisfaction:

- Medical terms like 'impetigo' and 'infected insect bites' are unclear to the public.
- Patients report uncertainty about distinguishing between 'complicated' and uncomplicated UTIs.
- People not realising they've had a Pharmacy First consultation or being unsure what that means.

They also identified broader issues about the lack of clarity around how the service works and what it offers, including:

- Issues with awareness among GP teams about the Pharmacy First services available.
- Lack of clear triage processes.
- Inappropriate referrals, particularly from NHS 111.

**“We’re seeing lots of people trying to access the pharmacy or speaking to 111 and being recommended to go to their pharmacy. They are doing that as their first port of call, but they are meeting barriers whereby the pharmacist can’t help them, because they need access to blood results, or they can’t provide certain medications.”**

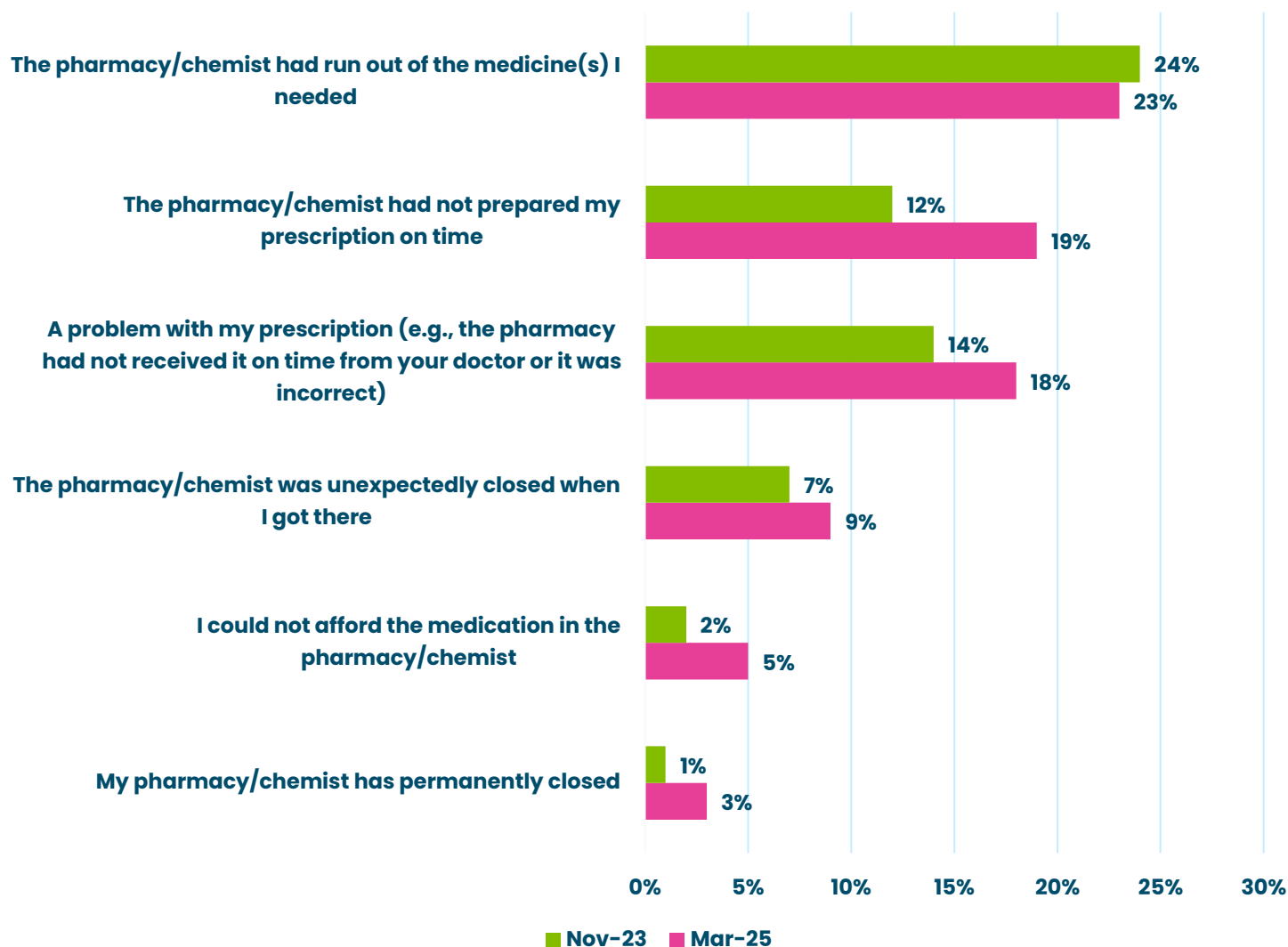
**Healthwatch roundtable participant**

## **Medicine availability and supply chain issues**

A key finding from our previous report was that medicine shortages were undermining trust in pharmacies and wreaking havoc on patients.

Comparing our 2025 poll to November 2023 results suggests that structural issues like medicine shortages, problems with prescriptions, pharmacy closures and affordability continue to erode patient experience.

## What problems have people experienced in the last 12 months?



In our latest poll, 45% of people had experienced one of these issues. Just under a quarter of people (23%) couldn't get the medicines they needed because the pharmacist had run out, similar to our poll in 2023. Worryingly, almost one in five (19%) reported that their prescriptions weren't ready on time (up from 12% last year).

Evidence from [Healthwatch Gloucestershire](#) found that pharmacies in their ICB spend one to two hours daily managing medication, similar to figures found nationally by [Community Pharmacy England](#) in 2024. On a national scale, this brings with it less capacity to offer advice to patients who are walking into pharmacies and expecting treatment.

Greater focus and coordination around stable supply chains would not only improve patient experience and confidence, but also free up pharmacist time to provide the clinical care of Pharmacy First.

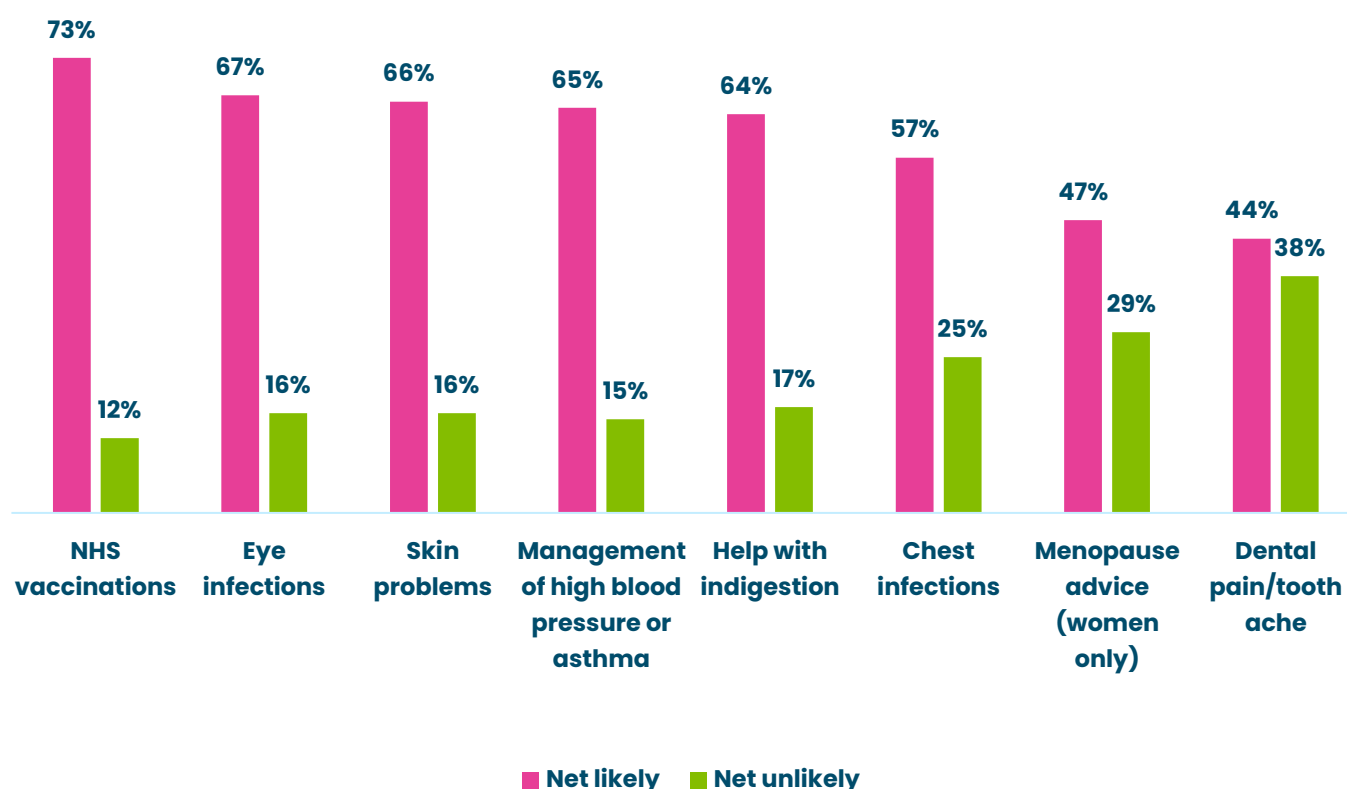
# 5. The future of pharmacy services

With industry bodies such as the [Company Chemists Association \(CCA\)](#) proposing further expansion of the scheme, we wanted to explore people's attitudes to using a pharmacy in the future for services beyond those currently offered under Pharmacy First.

Overall, our poll data in the chart below reveals strong public backing for certain services, with almost three quarters (73%) of respondents expressing support for NHS vaccinations delivered through pharmacies, 67% supporting treatment for eye infections and 66% for skin problems.

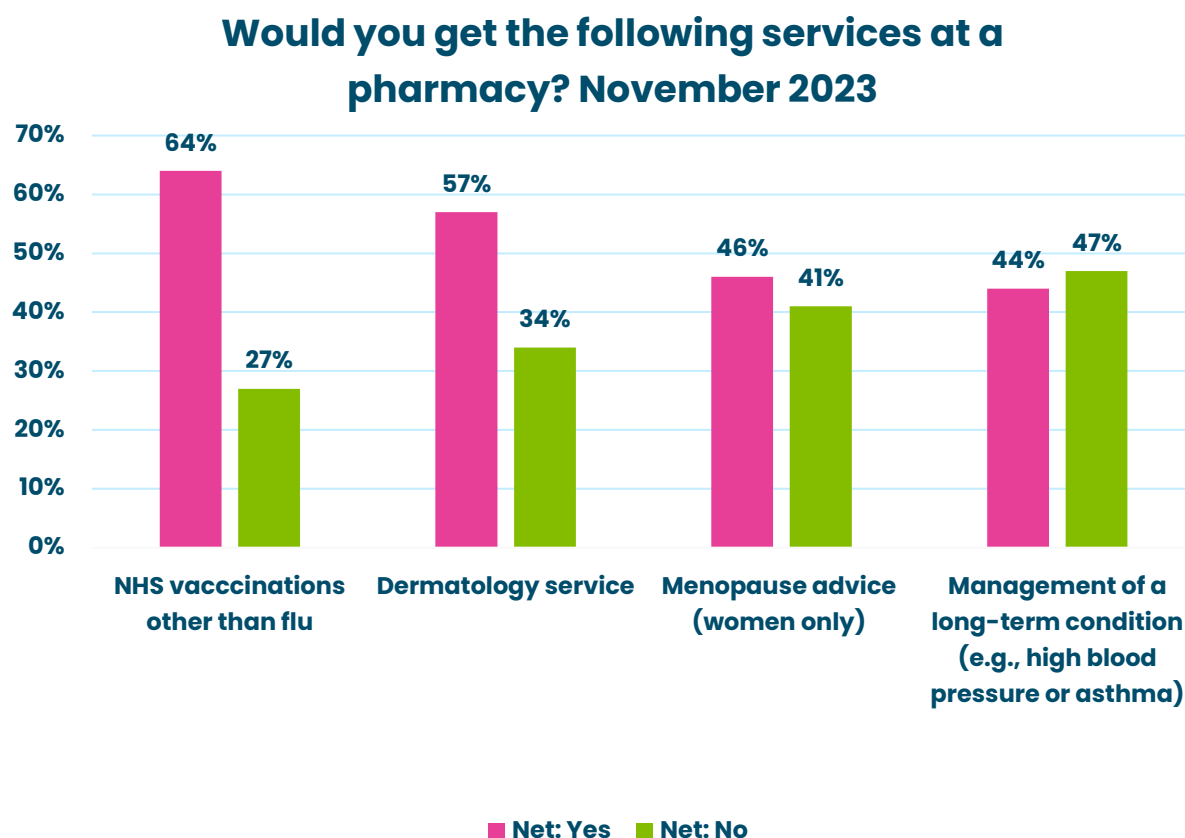
We found less enthusiasm for services for dental pain/tooth ache (44%) and menopause advice (47%).

**Please rate how likely you would be to use the following services from a pharmacy, if they were to offer them in the future (n = 7029)**



## Growing enthusiasm for pharmacy services

When we asked in November 2023 about some future services, opinion was slightly more split, particularly for long term conditions. While we asked the poll question in a different way – this year we asked about likelihood rather than a simple yes/no – it may point to a positive change in perceptions that has been taking place this year.



This year, women were generally more open to provision of future services at pharmacies, particularly for eye infections and indigestion. The exceptions to this were chest infection treatment and vaccinations, which men were more open to than women.

**Table 5. Gender differences in willingness to use pharmacies for future services**

Service	Women net likely (%)	Men net likely (%)
Dental pain/tooth ache	45%	43%
Chest infections	56%	58%
Help with indigestion	66%	61%

Management of high blood pressure or asthma	65%	65%
Skin problems	69%	63%
Eye infections	75%	63%
NHS vaccinations	71%	74%

## Previous users want more services

We found that people who have used the Pharmacy for one of the seven conditions in its first year were much more willing to use them again for the potential health services we asked about.

This is particularly pronounced for services that currently have lower overall support. Those who had visited a pharmacy for one of the seven Pharmacy First conditions were 19 percentage points more likely to support treatment for dental pain/toothache (55% vs 36%) and 16 percentage points more likely to support chest infection treatment (66% vs 50%).

The pattern holds across all potential services we tested, with users showing seven to eight percentage points higher support for conditions like high blood pressure management, skin problems, indigestion, and eye infections<sup>6</sup>.

This suggests that positive experiences with Pharmacy First create a virtuous circle: once people experience pharmacy-based care, they become more open to using these services for different health issues in the future.

## Regional differences in demand for future services

Preferences for potential new pharmacy services varied significantly by region, with areas already making greater use of Pharmacy First showing stronger demand for expansion.

The data reveals distinct regional patterns in service preferences. Support for menopause advice was highest in London and both Midlands regions (49–52%) but significantly lower in the Eastern region (38%). A similar pattern emerges for dental pain treatment, where the Eastern region shows markedly lower interest (37%) compared to London (52%) and the Midlands regions (42–46%).

These variations suggest differing levels of public trust and familiarity with pharmacy-delivered healthcare across regions, with areas that have embraced existing services showing greater openness to expansion.

<sup>6</sup> All differences were statistically significant ( $p < 0.01$ ).

**Table 6. Regional support for potential future pharmacy services (% likely to use)**

Region	NHS Vaccinations	Eye Infections	High BP/Asthma	Skin Problems	Indigestion	Chest Infections	Dental Pain	Menopause Advice (Women only)
London	69%	68%	68%	66%	60%	52%	52%	51%
Eastern	74%	66%	63%	61%	61%	52%	37%	38%
South-East	74%	68%	62%	67%	63%	56%	44%	45%
South-West	74%	66%	65%	67%	62%	56%	43%	48%
East Midlands	71%	67%	63%	67%	67%	58%	42%	49%
West Midlands	71%	68%	65%	65%	64%	61%	46%	52%
Yorkshire & Humber	73%	64%	68%	67%	66%	53%	42%	48%
North-East	75%	66%	64%	67%	61%	56%	41%	47%
North-West	75%	67%	66%	63%	62%	57%	43%	43%

# Conclusion and recommendations

## Conclusion

Our research shows high levels of satisfaction with Pharmacy First, with people who have used the pharmacy for the seven conditions saying they felt comfortable, and that they valued the quick and convenient care provided.

But challenges remain. We've found that medicine shortages persist, stopping many from getting the treatment they need and affecting their confidence in pharmacy services. Concerns about sharing symptoms in private have also put some off.

The national awareness raising campaign for the scheme has the call to action "Think Pharmacy First". But the public will understandably continue to view general practice as their first port of call for most conditions.

Although people can walk up to their pharmacy for a consultation, conversations with national pharmacy stakeholders suggest that other access routes are currently more common. This includes signposting from NHS 111 or urgent and emergency services, or through referral from general practice.

Given our positive findings on patient experience of Pharmacy First, there is potential to expand the scheme for the benefit of patients, general practice, and pharmacy teams. A future where this is possible should have long-term ambitions to enable more walk-ups, and support patients to be able to make bookings for Pharmacy First consultations ahead of time.

In the short term, there is still a way to go to raise awareness of the scheme, give pharmacy teams the necessary support to deliver services for the seven common conditions, and begin exploring support for further conditions.

## Recommendations

To address the issues highlighted in this report and continue delivery of positive patient experiences, we're calling on government and NHS decision makers to action the following recommendations.

1. Continue raising awareness of the Pharmacy First Scheme.	
Recommendation	The Department of Health and Social Care to work with Healthwatch and pharmacy stakeholders to update campaign materials ahead of further promotion.
Current policy	The 'Think Pharmacy First' campaign aims to increase public awareness that pharmacies can provide support for some common conditions.
Evidence	<p>People have told us they would be happy to use their pharmacy for more services in future.</p> <p>However, almost three in ten (29%) are not aware that pharmacies can provide treatment and advice for the seven common conditions.</p>
How our proposal will help	<p>Adjustments to the campaign, including promotion through the NHS App and more targeted communications to certain demographics, would increase awareness of Pharmacy First.</p> <p>Additionally, campaign materials should include details of each service's age restrictions so people can make informed choices about their care.</p> <p>And to maintain public confidence, details should be provided about the qualifications and expertise of pharmacy staff, and that there are private spaces for consultations.</p>
2. Give pharmacy teams the support and funds they need to deliver patient care.	
Recommendation	Increase funding for pharmacy services, including Pharmacy First, through the Community Pharmacy Contractual Framework (CPCF)
Current policy	The CPCF provides funding and a framework for the delivery of pharmacy services.
Evidence	An <a href="#">independent economic analysis of the pharmacy sector</a> in England suggested that current funding does not cover the full cost of delivery of NHS services.



<b>How our proposal will help</b>	<p>Increased funding to continue and potentially expand the Pharmacy First scheme will help patients who have shared good experiences of the service, as well as those who could benefit in future.</p> <p>More resources will also provide stability to teams who are working to a funding gap, despite a rise in funding in the last contract.</p>
<b>Recommendation</b>	<b>The Department of Health and Social Care to ensure that community pharmacies have the appropriate premises for people to wait for a consultation in comfort, and for that consultation to take place in private if requested.</b>
<b>Current policy</b>	There is a service requirement for pharmacies to have a consultation room.
<b>Evidence</b>	Nearly one in ten people (8%) felt uncomfortable discussing their health concerns in the pharmacy, citing issues including having to talk in front of other customers and lack of space for private conversations.
<b>How our proposal will help</b>	<p>Ensuring the provision of, and raising awareness of, private and accessible consultation rooms will ensure that people can feel safe and comfortable sharing details of their condition.</p> <p>This will make the service more accessible to more people, and boost confidence that Pharmacy First and wider pharmacy services can meet their needs.</p>

### 3. Expand the Pharmacy First scheme to provide consultations for more conditions.

<b>Recommendation</b>	<b>In consultation with the public and with key pharmacy stakeholders, the Department of Health and Social Care should work to expand the Pharmacy First scheme to deliver consultations for more conditions.</b>
<b>Current policy</b>	The Pharmacy First Scheme provides treatments for seven common conditions.
<b>Evidence</b>	Our report shows high levels of support from the public for the idea of visiting their pharmacy teams for help with NHS vaccinations, eye infections, skin problems, and support with high blood pressure, asthma, and indigestion.
<b>How our proposal will help</b>	With the right support to deliver safe, accessible and effective services, community pharmacies could continue to

	help relieve demand from general practice, while delivering for patients.
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#### 4. Formally and regularly collect, publish, and measure patient experience of community pharmacy services, including the Pharmacy First scheme.

Recommendation	The Department of Health and Social Care should publish a pharmacy data dashboard. This should include patient experience of services and be able to be cut by demographics.
Current policy	<p>The NHS Business Services Authority publishes clinical pathways data for Pharmacy First.</p> <p>The London School of Hygiene and Tropical Medicine are leading a national evaluation of the scheme.</p> <p>The GP Patient Survey publishes annual data on people's experiences of pharmacy services.</p> <p>The ONS Health Insight Survey captures pharmacy access and experience data as 'official statistics in development'.</p>
Evidence	Our report has set out what people like about the Pharmacy First scheme, what challenges they face accessing care and how they would like it to change.
How our proposal will help	<p>Despite clinical data, a national evaluation, and annual satisfaction data, there is no formal experience data available and no national experience targets. And the official statistics in development may not fully capture everyone's experiences.</p> <p>Expanding on Healthwatch research to develop formal measures of patient experience will aid service improvement by ensuring decision makers and pharmacy teams can learn from what does and doesn't work for patients.</p>

#### 5. Take action to mitigate the impact of medication shortages.

Recommendation	The government to continue exploring increased flexibility for pharmacy teams in prescribing and dispensing of medicines.
Current policy	Pharmacists have flexibility to dispense up to 10% more or less of an eligible product.

Evidence	Our evidence shows that medicine shortages remain as big an issue for patients as they were last year, with almost one in four people affected.
How our proposal will help	Where safe to do so, and in consultation with patients, more flexibilities could enable pharmacy teams to dispense generic substitutions and other changes where an initially prescribed medicine is affected by supply issues.
Recommendation	<b>The government and NHS must produce clear and officially branded information and support resources for patients who are experiencing medication shortages.</b>
Current policy	There are no official public facing communications or advice on managing medicine shortages.
Evidence	Our evidence shows that medicine shortages remain as big an issue for patients as they were last year, with almost one in four people affected.
How our proposal will help	Currently, patients must rely on unofficial sources for advice, including online forums. Official advice would give people trusted help to manage their restricted access to medicine and next steps in the safest way possible.





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