

Pharmacy First Summary Report Winter/Spring 2025



Introduction

Our role as Healthwatch Coventry is to listen to people and hear their experiences of health and social care.

Our Pharmacy First project wanted to explore the effectiveness and take up of Pharmacy First.

We wanted to hear what people's experiences are of it, to identify any positive and negative experiences to inform the service and feed into the Needs Assessment of Pharmacies, as part of the local authority feedback. We also wanted to hear what the Pharmacists thought of the service and how it worked for them.

Recently we have received lots of complaints about GPs, contact times and waiting times, and running an effective Pharmacy First service should help to improve this.

The role of Pharmacy First

Pharmacy First has been in operation since January 31, 2024, it has been running for over a year.

The idea behind Pharmacy First is that it will take some of the pressure away from GPs by allowing pharmacies to deliver services and medication to patients with minor ailments. The aim is to reduce the number of patients requiring GP services for certain ailments.

Pharmacy first covers the following minor ailments: -

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Acute otitis media*	1-17 years
Impetigo	1 year and over
Infected insect bites	1 year and over
Shingles	18 years and over
Sinusitis	12 years and over
Sore throat	5 years and over
Uncomplicated urinary tract infections	Women 16 -64 years

* An Inflammation of the middle ear (the area behind the eardrum) due to infection. Common symptoms are ear pain and fever

**The pharmacy can be better than the doctors, they listen to you
Coventry Resident**

How we carried out our research

We looked at the Pharmacy Needs Assessment and spoke to the Steering Group

We designed an online and hardcopy survey to find out people's experiences of Pharmacy First

We contacted and delivered two community focus groups (refugees and asylum seekers and partially sighted groups) to hear people's experiences of Pharmacies

We spoke to our volunteers about the project, and they gave 21 hours of outreach at the City of Coventry Health Centre and Central Library

We raised awareness of our online survey through our networks and meetings with stakeholders

The Survey ran from February to the beginning of May 2025

164 people completed our survey in person and online 42 of these people who were involved in focus groups

We visited 20 pharmacies from across the City and spoke to 12 about their experiences of Pharmacy First and how it impacted on them.

“I need a doctor’s assessment and treatment as this is my personal preference I strictly value professional opinion and staff who are accountable for their service” patient

No doctor appointment? No problem!

You can now access treatment for the below common conditions without the need to see your GP:



Earache



Impetigo



Shingles



Insect Bites



Sore Throat



Urinary Tract Infections in Women



Sinusitis

Speak to our pharmacy team for more information

Power assisted doors

“Pharmacist used a private room to have a conversation, recommended some steroid cream and then said if it didn’t clear up after the weekend then to come back and he would prescribe antibiotics.”

“Easier to see a pharmacist than a GP, it is hard to get appointments. The service was really good I don’t go anywhere else for help.”

“Came to [pharmacy], they were kind, they advise you, they ask how can we help you. They explained everything”

“As I have never had the need to use yet, I can’t say I know of it from the leaflet they put in my bag every time.”

“Get seen quicker”

We heard information from people who had used 56 different pharmacies from across the City



43% of the people we spoke to knew about Pharmacy First



32 people had used Pharmacy First

Of the 32 people 77% said the service was excellent or good



When people are made aware of the service, 60% said they would be likely or very likely to use it



89% of the people who shared their Pharmacy First experience, had used the service within the last six months

3% people thought that their Pharmacy was not so good



Nearly 80% people said that accessing their local pharmacy was easy or very easy



For a small number of people there is a concern about the qualifications for people to treat them through Pharmacy First.



71% said that the Pharmacist was able to treat their ailment



“Would not use pharmacy first as I do not trust . I don't feel they are qualified. Service too slow, need more customer service training”

“I know the service is available, but I am unsure of where the line of separation is for different ailments”

“Save GP's appointment slots for those who really need it”

“I didn't know about pharmacy first so I always go to a GP for minor illnesses”

“Prefer to go emergency department”

Positive Perceptions

Now I know about pharmacy first, I shall use it for minor ailments

I went a few times with minor symptoms to Boots, the Pharmacist was always helpful

Yes I was listened to and given immediate attention and given medication as well

The pharmacist listened to my worries concerning my sinus problems and gave me advice and a choice of treatments

What the pharmacists told us

Patients are given treatment straight away

It helps us to make more money at the end of the month

Takes the pressure off GP surgeries

It's a fantastic service



What could be improved

Pharmacists

The doctors are not referring patients to us – or if they refer, they don't fit the criteria so we have to send them back, they can get into a loop

We are still seeing people coming in for a prescription from the doc that is within the Pharmacy First minor ailments list

Great uptake from patients not as good as from surgeries

Most of the Pharmacy First patients we have are from outside of our main areas. People still want to see their GP

It would be good if we could deliver more minor ailments in our Pharmacy

We are a busy shop with a busy dispensary and fitting in with Pharmacy First can be challenging, but we have coped

We need more awareness raising and publicity



What we observed and heard

- Some pharmacies weren't always open, when they were needed by their customers, including during the daytime.

The City of Coventry Pharmacy is often closed. Leading to distressed patients who have scripts from the GPs for that pharmacy. We could explore this more.

- Pharmacies that we spoke to were very busy, and it was difficult for them to spend time talking with us.

This was partly since we were there the Friday before the bank holiday Monday when people were checking they had enough of their medications.

- There seemed to be delays between GP surgeries and pharmacies, and sometimes an issue between who had the script for the medication and whether this has been passed on by the GP.

We heard this at several pharmacies, while waiting, except where the pharmacy was in the same building as the GP

- We were told by pharmacies that there was a new system in place, that staff were still getting used to the new processes, so dealing with prescriptions took longer.

We observed patients waiting while their medications were being looked for on the system

- We saw lots of different posters on front doors highlighting how the Pharmacy could treat minor ailments. Some pharmacies had cards to give to patients – are GPs able to do this?

There didn't appear to be a consistency of messaging, sometimes the posters didn't stand out and in some pharmacies, there were no posters at all. Need a marketing campaign

- Some people said that their pharmacist doesn't have anywhere to sit which made it hard if they had sight issues, as well as mobility and health related issues.

In some pharmacy shops there was very little space, due to the marketing and other items on display

- There was a perception among a small group of people who think that pharmacies are not qualified to deal with their ailments.

From the outreach surveys we heard people say that they wanted to see a GP and didn't trust the pharmacy for a diagnosis. The pharmacist in Wood End (one of the priority neighbourhoods) said most of the Pharmacy First use came from outside their main neighbourhoods indicating these areas might need additional marketing to encourage them to use Pharmacy First?

Certain groups are more likely to use A&E for their health care needs. The GP used for Asylum Seekers is based in the City of Coventry Health Centre, Meridian practice

We heard from people in our refugee and asylum group that one was charged for getting a prescription from a pharmacist when they are entitled to free prescription. This group was less willing to use the pharmacy.

"I had to pay over £20 for 3 days' worth of antibiotics when I have a pre-pay certificate. The infection came back as I needed the full 7 days' worth of antibiotics. When I went back to the doctor the receptionist was reluctant to make me an appointment, trying to direct me to the pharmacy"

Conclusion

Our survey about Pharmacy First has shown that there is a lot of merit within the Pharmacy First Service, and that the people who use it find it a positive and welcome experience. Pharmacy's find it a valuable addition to their services, even though it brings additional tasks and organising. People also like to use their local pharmacies and most find it easy to do so.

However, some issues were raised such as: -

- Lack of advertising/marketing so patients are not aware of the medical advice and treatment available through Pharmacy First.
- Some GPs are not aware of the service, what it can and cannot give treatment for, so they are not making appropriate referrals to Pharmacy First, leaving people sometimes in a loop between pharmacy and GP.
- Some pharmacies and GPs are situated and linked together so that referrals and movement across the two services happen easily – shown by the positive comments from their patients.
- Pharmacies have lots of different posters – there doesn't seem a clear thread, but some have cards they hand out about Pharmacy First Services which seems to work well, can this idea be rolled out so that GPs and patients could have a card or reminder to them to refer more, and further appropriate patients to Pharmacy First e.g. look at ages of some of the ailments, children under 5 cannot be treated for sore throats. Only women under the age of 64 can access treatment for UTIs.
- From our discussions with people who are blind and partially sighted we heard that Pharmacy and GPs need to be aware of some of the concerns of these sections of the community who do not visit the pharmacy often, or the GP, and rely on their friends and family to enable them to get treatment. There are others who may have, hearing, transport or mobility needs and only receive their medications delivered from the pharmacy.
- The cost and difficulties accessing transport can prevent some groups (for asylum seekers or refugees) from going to the pharmacy. Especially if the City of Coventry health Centre is where their GP is. To get to a pharmacy might mean a long walk or a bus fare that is not affordable
- For some patients it is important for people to be able to sit down in their shop if they have mobility issues or have shortness of breath, so it is useful for Pharmacies to understand the difficulties that blind, partially sighted or deaf communities may have accessing their services.

- The concern that the Pharmacist is not qualified or professional as a GP could be explained through more communication to reassure people that this is a professionalised service and that if a pharmacist is unable to meet people's needs, they will refer people to the GP or 111 if they have concerns.
- Another issue that people seemed unable to understand was an awareness that people can also return to the pharmacy for additional treatment e.g. if the first course of action doesn't work. Or the Pharmacy will refer them to the GP.
- As we observed in several pharmacies there was a new system in place, which was causing slight delays, it would be interesting to explore the impact of the new system and how they have been improved, or how people can be made aware of them.

Overall, we found positive a response about Pharmacy First, with some concerns around a lack of knowledge by GP and at the general population, but there are lots of ideas for change:

Ideas for change

Increase marketing and communication of Pharmacy First for doctors and pharmacies

Have a chair available in pharmacies, if there isn't one already

Raise awareness of how pharmacies can treat minor ailments efficiently and professionally

Raise awareness around charging structures for people who are accessing Pharmacy First. If you are exempt, you should not pay for these.

Raise awareness of referrals between pharmacies and GPs and that people can see their pharmacy again if the treatment is unsuccessful.

Our Thanks

Thanks to all the people who participated in the surveys, both online and in person.

Thanks to the pharmacies for speaking to us about their experiences and concerns.

Thank you to our volunteers who gave their time to go to outreach and listen to people's experiences

What's next: -

This report will go to the Pharmacy Needs Assessment Steering Group to add to the Pharmacy Needs Assessment by Coventry City Council.

Appendix

Demographics

Age	Count
Under 12 years	1
13 to 15 years	0
16 to 17 years	0
18 to 24 years	14
25 to 49 years	55
50 to 64 years	33
65 to 79 years	47
80+ years	9
Prefer not to say	2
Not Known	3

Gender	Count
Woman	97
Man	58
Non-binary	0
Prefer not to say	7
Not Known	2
Other	0

Is your gender the same as assigned at birth?	Count
Yes	148
No	2
Prefer not to say	8
Not known	6

Ethnicity	Count
Arab	4
Asian / Asian British: Bangladeshi	4
Asian / Asian British: Chinese	2
Asian / Asian British: Indian	27
Asian / Asian British: Pakistani	11
Any other Asian / Asian British background	3
Black / Black British: African	17
Black / Black British: Caribbean	6
Any other Black / Black British background	4
Mixed / Multiple ethnic groups background - any other	2
White: British / English / Northern Irish / Scottish / Welsh	60
White: Irish	3
White: Eastern European	5
White: Gypsy, Traveller or Irish Traveller	0
White: Roma	1
White: Any other White background	6
Prefer not to say	7
Not known	1
Other	1

Sexual Orientation	Count
Asexual	4
Bisexual	7
Gay man	20
Heterosexual/Straight	96
Lesbian/Gay woman	5
Pansexual	2
Prefer not to say	13
Not known	17



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