



Pharmacy First – How is it working in Tameside?

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About Us

Who we are

Healthwatch Tameside is your local health and social care champion. If you use GPs and hospitals, dentists, pharmacies, care homes or other support services, we want to hear about your experiences.

As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to your feedback and improve standards of care. Last year we helped thousands of people like you to have your say and get the information and advice you need.

Our approach

People's views come first – especially those who find it hardest to be heard.

We champion what matters to you and work with others to find ideas that work. We are committed to making the biggest difference to you.

We use the feedback we receive about health and care services in an anonymous way. We talk to the providers and commissioners of those services to let them know what is working well, and where people think improvements could be made.

Headline findings

This report sets out the following findings:

- Most people had a positive experience of using the Pharmacy First service. Over four in five (83%) of respondents who had used the service before said they would use it again. The speed and ease of the service compared to visiting their GP practice was particularly valued.
- General awareness of Pharmacy First is good, but does not translate to usage – three in five (60%) respondents had heard of the service, while only 15% had used it. This gap was wider amongst certain Age and Ethnicity groups.
- Uncertainty around what pharmacists can treat, negative experiences, and confusion around details of the Pharmacy First service are key reasons why some people are hesitant to use the service.
- Advertising through Primary Care services is effective but could be utilised more – people who had heard about Pharmacy First through their GP practice or pharmacy were most likely to go on to use it. However, more people had heard of the service through community groups and TV/radio advertising than via their GP practice or pharmacy.
- Only 67% of pharmacies and 27% of GP practices that we visited were visually promoting the service, despite 98% of local pharmacies offering the service. People who visited their pharmacy regularly were no more likely to have heard of the service than people who visited less frequently.
- Where suggestions were made, people wanted to see further treatments for infections and cold and flu symptoms, and for restrictions on treatment to be widened. These decisions cannot be made at Tameside level, but should be passed on in advance of any service reviews at national level.

Summary of recommendations

We have formulated a set of recommendations for the Pharmacy lead at Tameside ICB, which are summarised below (further details are included at the end of this report):

- Support GP practices and pharmacies to increase their visual promotion of the Pharmacy First service.
- Engage with GP practices and community pharmacies to understand how Pharmacy First is working for them, and what support they may need.
- Make Pharmacy First promotional materials consistent and easily accessible to all services.
- Use comms campaigns to increase local awareness of general pharmacy services, and what level of care pharmacists are qualified to provide.
- Utilise links with community groups to effectively raise awareness of Pharmacy First and other pharmacy services.
- Gather further insight into public awareness and understanding of pharmacy services, and how this may differ between demographic groups, to inform future engagement work.
- Ask NHS England how patient feedback will be taken into account for future reviews of the Pharmacy First service.

Introduction

Pharmacy First – background

In May 2023, in response to rising pressures on primary care, a Delivery plan for recovering access to primary care was published by NHS England and the Department of Health and Social Care¹. This plan led to the creation of the Pharmacy First service, which was launched nationally in January 2024.

Building on the existing NHS Community Pharmacist Consultation Service, the Pharmacy First service allows community pharmacies to treat 7 common conditions, under specified clinical pathways. As part of the service, pharmacists can provide certain prescription medications which could previously only be accessed by visiting a GP.

The conditions covered by the service are:

Clinical pathway	Age range
Acute otitis media	1 to 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 aged 16-64 years

Fig. 1 – a table showing the clinical pathways and age ranges of treatment covered under the Pharmacy First service.

The service was commissioned in order to help free up GP appointments and relieve pressure on GP services, whilst providing patients with quick and accessible care.

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

Pharmacy First in Tameside

Since the launch of the Pharmacy First service in Tameside in January 2024, there have been **19,818** total referrals to the service²:

Referral source	Number
NHS 111	9289
Self-referral	6089
GP	3063
Total	19,818

Fig. 2 – a table showing the number of Pharmacy First referrals in Tameside, split into referral sources.

Tameside is around average for GP referral completion rates³ compared to other Greater Manchester localities⁴:

Area	GP referral completion rate
Tameside	76%
Other Greater Manchester localities	75% - 81%

Fig. 3 – a table showing the completion rate of GP referrals in Tameside, and the range of GP referral completion rates across other Greater Manchester localities.

² Data provided by Greater Manchester Intelligence Hub (unpublished), received 17 April 2025. For more information, contact info@healthwatchtameside.co.uk.

³ GP referral completion rate refers to consultations that have been fully completed after receiving an electronic referral from a GP.

⁴ Data provided by Greater Manchester Intelligence Hub (unpublished), received 17 April 2025. For more information, contact info@healthwatchtameside.co.uk.

Why we chose this project

Healthwatch Tameside chose to undertake a research project into the Pharmacy First service as this was a new service on which we had not yet received much feedback.

We wanted to understand the following points:

- Are people in Tameside aware of the Pharmacy First service?
- Have people used the service? If so, what was their experience like?
- Would people use the service in future?

We wanted to use this data to identify areas of improvement and help shape the future of the service in Tameside.

Methodology

Survey

We used a survey to gather feedback from people in Tameside. This survey was open between October 2024 and January 2025, and was available to complete online via SurveyMonkey, on paper, via QR code, and over the phone.

The survey was open to anyone who uses GP or pharmacy services in Tameside. We wanted to hear from a wide range of the population, to assess how well known the Pharmacy First service is and who is using it. We also wanted to hear specifically from people who had used the service before, to learn about their experiences. Where people hadn't used the service, we asked them what they thought about the concept and whether they would consider using it in future.

There were 229 responses overall; 1 person completed the survey via QR code, 6 over the phone, 40 online, 59 via a 'hands-up' session at an outreach event, and 123 on paper. We promoted the survey online via social media, partner mailing lists, and our e-bulletin, and on paper via posters, our newsletter, and at outreach events.

We have used the data gathered from this survey to pull out key themes on people's awareness of and experiences using the Pharmacy First service in Tameside.

Service visits

We also visited local pharmacies, GP practices, and other services, to assess whether they had any Pharmacy First promotional material visible at their locations. We visited 39 locations; 22 pharmacies, 15 GP practices, and 2 other services (1 healthcare centre and 1 community hub).

We have used this data to assess how services are promoting the Pharmacy First service, and how this compares to the findings from our survey.

Experiences of using Pharmacy First

We asked people who had used the Pharmacy First service previously about their experience. We wanted to know what was good about using the service, and what could be improved.

Most people had a positive experience of using the service. They told us what was good about their experience:

Fast and efficient

Treatment was accessed quickly and easily. People reported being seen 'straight away', and the service was described as 'fast' and 'efficient' multiple times:

'Being able to get sorted the same day within a few hours'

Diagnosis and treatment

Diagnosis was quick and successful. People were able to access the necessary treatment, particularly the medication they needed:

'Excellent - they were really helpful in diagnosing a throat infection as it first appeared.'

Comparison to other services

Most people said that using the service was better than visiting their GP for the same condition. The service was described as quicker than using GP services or walk-in centres. People valued the convenience of being able to access treatment whilst already at a pharmacy (e.g. when collecting prescriptions), and the accessibility of not requiring a pre-arranged appointment:

'Was done in 5 or 10 mins, the time was good. I'd rung GP and [been] told 2 weeks [wait] for appointment, or walk-in centre 3 hrs wait'

Would people use the service in future?

We asked people whether they would use the Pharmacy First service in future, based on either their experience of using the service, or the information we had provided to them about the service.

The majority of people told us that they would use the Pharmacy First service in future. This was true both for people who had used the service previously, and for people who had never used the service before:

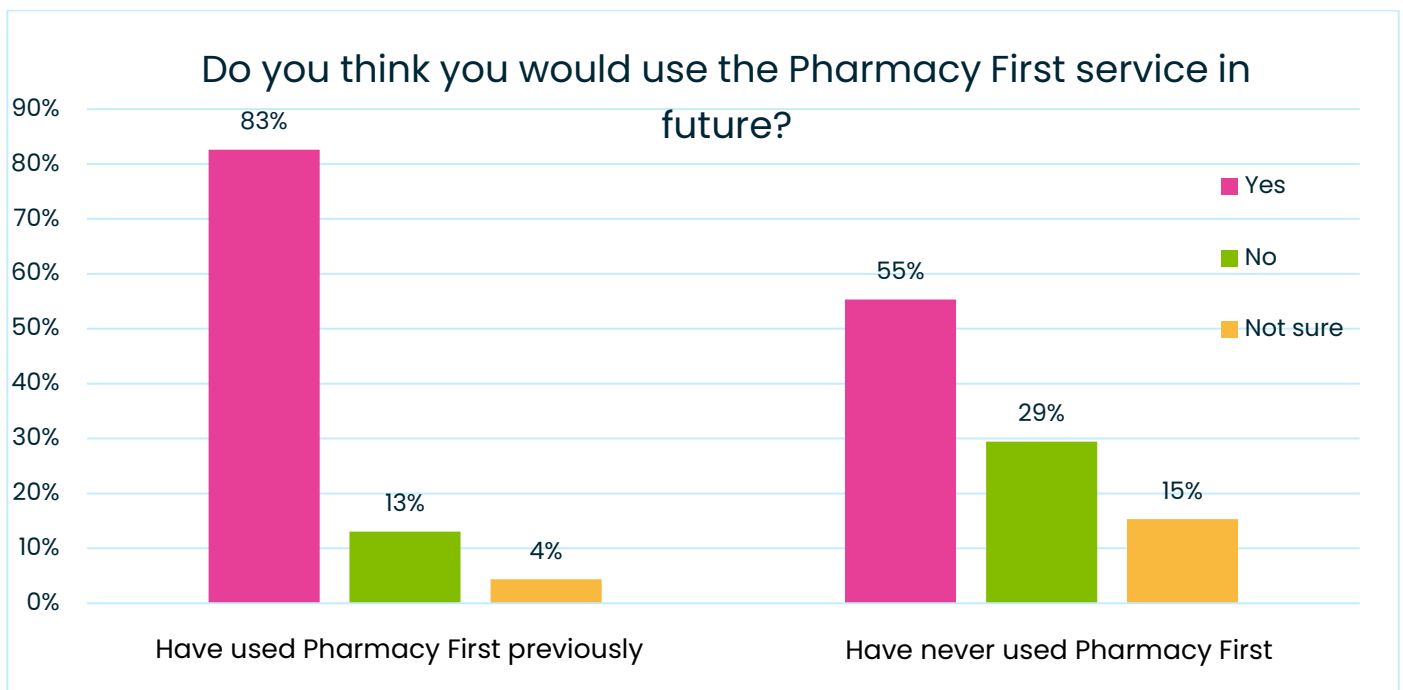


Fig. 4 – a graph showing the percentage of respondents who would use the Pharmacy First service in future, split into 'Have used Pharmacy First previously' and 'Have never used Pharmacy First'.

We found that:

- People who have used Pharmacy First previously were very likely to use the service again in future and?– over four in five (**83%**) said they would use it again
- People who have not used Pharmacy First before were still likely to use it in future, but were more hesitant than people who had already used the service – just over two in five (**44%**) of them answered 'No' or 'Not sure' when asked if they would use the service in future.

We asked people why they would choose to use the Pharmacy First service in future:

Ease and speed

People valued the ease and speed of using the Pharmacy First service, especially being able to get quicker treatment compared to booking a GP appointment:

'Rather than going to see my GP, this seems a much easier process for minor ailments'

Positive relationship with pharmacy

People have trust in their local pharmacy, with phrases such as 'helpful', 'experienced', and 'highly qualified' used. However, some respondents were concerned about Pharmacy First potentially increasing pressure on pharmacies:

'Trust pharmacists (more than GP)'

'If I think the pharmacy [can] help. Our pharmacy is extremely busy don't know how they can do more.'

Ease pressure on other services

People told us that they would use the Pharmacy First service if it helped reduce the pressure on other NHS services:

'Because it can ease pressure on GPs, urgent care centres/walk-in & A&E'

Convenience

People valued the convenience of using the Pharmacy First service. Topics highlighted include more flexible opening hours, more convenient locations, and contact methods:

'They are open more. Did not have to make an appointment'

Findings

- Most people who used the Pharmacy First service in Tameside had a positive experience and would use it again.
- The speed and ease of accessing care, particularly compared to using GP services, was highlighted as a key benefit of the service.
- People who had never used Pharmacy First were more hesitant to use the service in future, compared to people who had used it previously.

Awareness and Usage

As well as hearing about the experiences of people who have used the Pharmacy First service, we wanted to learn more about public awareness of the service in Tameside. Are people aware of Pharmacy First? How do they learn about it? How many people go on to use the service after learning about it?

We found that:

- Three in five (**60%**) survey respondents had heard of the Pharmacy First service.
- Out of the 60% of respondents who had heard of the service, just under one in four (**23%**) had gone on to use it.
- Only **15%** of the total respondents had used the service.

Demographic analysis

Analysis of demographic data collected showed that the contrast between awareness and usage was wider within certain groups:

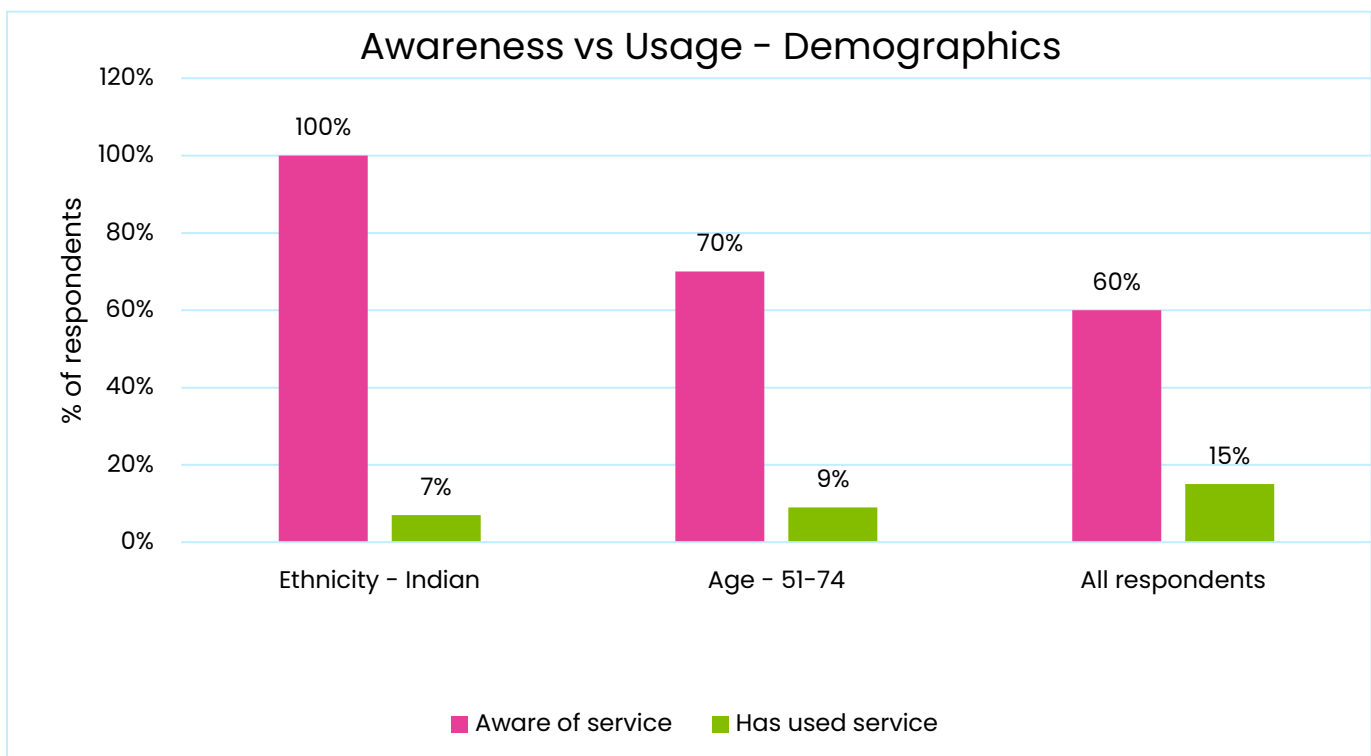


Fig 5. – a graph showing the percentage of respondents who were aware of the Pharmacy First service, vs the percentage who had gone on to use the service. Results are split into 'Age - 51-74', 'Ethnicity - Indian', and 'All respondents'.

The Age group most likely to have heard of the service (51-74) were also the least likely to have used it. Seven in ten people were aware of the service, but less than one in ten had gone on to use it.

The Ethnicity group most likely to have heard of the service was Indian people – 100% had heard of the service⁵; they were also the least likely Ethnicity group to go on to use the service, with less than one in ten respondents having used it.

Findings

- People are aware of the Pharmacy First service, but not always going on to use it.
- The gap between awareness and subsequent usage is wider within certain Age and Ethnicity groups.

5 it should be noted that these numbers are made up of attendees from one community group, which we visited to gather feedback.

Why is usage low?

We know that the Pharmacy First service is generally working well for people who use it, and that awareness of the service is generally good. However, we can also see that a big percentage of people are not accessing the service in the first place.

Why are people not using Pharmacy First, even after learning about it? For some people, it may be because they haven't needed it. But are there other reasons persuading or preventing people from accessing Pharmacy First?

As part of our survey, we asked people about their thoughts on the Pharmacy First service, including whether they would use it in future. We have used this data to examine reasons why some people do not go on to use the service:

Prefer to see GP over pharmacist

The most common reason for people being hesitant to use the service was because they preferred to see their GP before visiting a pharmacy.

People didn't think pharmacists were as qualified as GPs to treat illnesses. There was a lack of understanding about what pharmacies can provide or advise on. Some people only felt comfortable using pharmacy services for a 'minor condition'.

Multiple people said they would prefer to see their GP even if it meant waiting longer or more difficulty making an appointment. Some people told us that they might use the service as a second option, if they were unable to resolve the issue via their GP practice first:

Only want to see GP – wouldn't use Pharmacy First, even though getting a GP appt is very difficult'

Confusion around details of Pharmacy First

The insight we gathered revealed confusion around what is covered under the Pharmacy First service, and how this relates to other existing pharmacy services. This may mean that actual awareness numbers are lower than what our data suggests, or that people are attempting to access the service for treatment which is not covered.

When asked for suggestions of conditions to add to the service, 9 respondents suggested tests or conditions that are already covered under existing pharmacy services. Some people told us they had used the Pharmacy First service, but described accessing treatment for conditions which are not included under the service.

During outreach sessions, we were asked questions about the Pharmacy First service, including how people could make an appointment and whether the service was available at every pharmacy.

People also had concerns about how the Pharmacy First service would work. Topics of concern included the seriousness of conditions covered by the service, the extra burden that the service may place on pharmacies, and whether pharmacies would be paid properly for providing the service:

'My understanding is that shingles and UTI are serious conditions I think that these should be seen by a Dr'

Negative experiences of using Pharmacy First

Although most people who used the Pharmacy First service had a positive experience, some people were unable to access treatment or were unhappy at the outcome of their treatment, making them less likely to use the service again in future.

Multiple people told us that they couldn't access care because of condition or age restrictions, and were referred back to other services. Some pharmacies were described as 'disorganised' and 'not confident in paperwork'.

Some people received unhelpful advice or were unhappy with the treatment they received:

'Don't think there is anything good about this service. They told her to drink water'

'They sent me to the doctors who were busy so I went to the walk-in centre who gave me a prescription to go back to the chemist'

Hesitancy to use pharmacy services

Some people told us about negative experiences of using pharmacy services, including delays in receiving prescription medication, being unable to access medication due to shortages, site closures, and the stopping of services such as vaccination services.

Pharmacies were described as busy or short-staffed, with frequent staff changes. People were concerned about small premises and potential lack of privacy during assessments:

'My prescription has always been late for the past year'

Findings

- Uncertainty around what pharmacists can treat, negative experiences, and confusion around Pharmacy First are key reasons why some people are hesitant to use the service.

Advertising and promotion

Now that we understand the reasons why some people are not using the Pharmacy First service, we want to understand the role that advertising and promotion of the service plays in awareness and uptake. Which promotional methods have the best reach? Which methods are most likely to convince people to use the service? Are these methods being used effectively?

We used the data from our survey and our visits to services to assess how promotion of the service is working in Tameside, which methods of promotion are most effective, and what changes could be made.

Which promotional methods work best?

As part of our survey, we asked people where they had heard about the Pharmacy First service:

Advertising method	Number of respondents aware of Pharmacy First via this method
Pharmacist at community group	60
TV/Radio	22
Pharmacy	18
GP	11
Online/social media	9
Other ⁶	9

Fig. 6 – a table showing where respondents had heard about Pharmacy First.

The highest number of people had heard of the service through a visiting pharmacist who attended their community group⁷.

⁶ including word of mouth, news outlets, work, and medication home delivery.

⁷ it should be noted that these numbers are made up of attendees from one community group, which we visited to gather feedback.

The next most common answer was via TV/Radio advertising, followed by information available at pharmacies, then GP practices, and then information online/through social media.

We measured this data against the numbers of people who had gone on to use the Pharmacy First service, to see which method of promotion led to the highest proportion of people going on to use the service:

Advertising method	Percentage of people going on to use Pharmacy First
Pharmacy	50%
GP	45%
Online/social media	33%
TV/Radio	31%
Pharmacist at community group	7%

Fig. 7 – a table showing the percentage of people going on to use Pharmacy First per advertising method.

We can see from the table above that people who heard about the Pharmacy First service through their pharmacy or GP practice were more likely to go on to use the service than people who heard about the service through other avenues.

Findings

- People who heard about Pharmacy First via their GP practice or pharmacy were more likely to go on to use it.
- The visiting pharmacist reached the highest number of people, but had the lowest percentage of people going on to use the service – guidance for promoting the service to groups might help this percentage increase.

Promotion via GP practices and pharmacies

We now know that promotion through pharmacies and GP practices are the methods most likely to lead to people using the service. However, we can also see that people are more likely to have heard of the service via other sources (e.g. community groups, TV/radio advertising) than through their GP practice or pharmacy.

We wanted to dig further into how promotion of the Pharmacy First service is working in GP practices and pharmacies across Tameside, and whether this method could be utilised more.

Frequent pharmacy visitors

As part of our survey, we asked people how often they visit their local pharmacy, to assess whether people who visited their pharmacy more regularly were more likely to have heard of the Pharmacy First service.

This would give us an insight into how pharmacies were promoting the service in-store.

We found no correlation between the frequency in which respondents used pharmacy services and whether they were aware of Pharmacy First.

Primary Care promotion of Pharmacy First

As part of our research, we visited 39 health and care services across Tameside to assess whether they were promoting the Pharmacy First service visually in waiting rooms and entrances.

We visited 22 pharmacies, 15 GP practices, and 2 other services. We recorded whether each location provided visible information about the Pharmacy First service:



Proportion of services with promotional material for Pharmacy First

- **Just over a quarter of GP surgeries**
- **A third of pharmacies**
- **Half of other services**

We found that:

- Pharmacies are more likely to display promotional materials for the Pharmacy First service in-store than other services; around seven in ten (67%) of the pharmacies we visited had this information available, compared to only one in four (27%) of GP practices visited.
- However, this is a comparatively low number compared to the 98% of pharmacies in Tameside that are currently offering the Pharmacy First service; therefore, we can see that there are a number of pharmacies who offer Pharmacy First who are not promoting it in-store.
- Pharmacies belonging to national chains were more likely to display information about Pharmacy First – out of the eleven we visited, ten of them had this information visible in-store. By contrast, local community pharmacies were less likely to display Pharmacy First promotional materials, with only four of the ten visited providing this information visible in-store.
- Two pharmacies that we visited were displaying promotional material for Pharmacy First which used different branding and wording to other locations that we visited, making it unclear that they were part of the same service.
- Nearly three in four (73%) of the GP practices we visited were not displaying any promotional materials about the Pharmacy First service; at one practice we visited, staff seemed unaware of the service, and didn't know that it was provided by the NHS.

Findings

- GP practices and pharmacies could increase their visual promotion of Pharmacy First, particularly community pharmacies and GP practices.
- Promotional materials should be aligned on wording and branding.
- ICS leaders should work with GP practices and pharmacies to understand why levels of promotion are low and how to address this – this could include discussions on how the service is working for them, and what support they might need.

What changes do people want to see?

As part of our survey, people told us what changes they would like to see made to the Pharmacy First service:

- Increased awareness of the service, specifically within certain age groups and communities
- Expanding age restrictions to treatment
- Adding treatment for other common conditions as part of the clinical pathways. The most common suggestions included:
 - Cold and flu treatment
 - Treatment for other mild infections
 - Treatment for allergies and irritations.

The decision to expand the range of conditions and treatment restrictions within the Pharmacy First service cannot be made at locality level, but we can contribute this insight to any future national reviews of the service, to ensure the voices of Tameside residents are represented in future decision-making.

Findings

- Some people could not access care because of restrictions to treatment, or wanted to see more conditions added to the service. These suggestions should be passed on for consideration as part of future reviews of the service.

Recommendations

Based on our findings, we have made the following recommendations to the Pharmacy lead at Tameside ICB:

Review engagement with GP practices and pharmacies around promotion of the Pharmacy First service

We recommend that Tameside ICB review their engagement with pharmacies and GP practices around Pharmacy First, with the aim of increasing promotional materials displayed and distributed, increasing awareness of the service amongst staff, and aligning all promotional materials with the same wording and branding.

This should include:

- Establishing a working group to gather feedback from pharmacies and GP services on how the service is working for them, what support they need, and how to boost promotion and uptake of the service.
- Passing on Pharmacy First information packs or training materials to GP practices and pharmacies, which can be distributed to staff
- Ensuring that Pharmacy First comms materials are consistent, accessible, and available to all services – e.g. in a Google Drive folder or Sharepoint drive. Services that cannot print off their own materials for display should be provided with these.

Increase public awareness and understanding of general pharmacy services

We recommend that Tameside ICB run a local campaign aiming to increase awareness and understanding of pharmacy services and what pharmacists are qualified to treat, particularly amongst demographic groups who may be less likely to visit a pharmacy before seeing their GP.

This should include:

- Utilising existing comms campaigns (e.g. Get to Know Where to Go) to spread awareness of pharmacy services locally

- Supporting visits to community organisations to spread awareness of pharmacy services – e.g. by creating Pharmacy First presentation guides or information packs for groups
- Working with community organisations to develop and/or share pharmacy ‘myth-busting’ information packs, to clarify what level of care pharmacists are qualified to provide
- Gathering further insight into public awareness and understanding of pharmacy services, and how this may differ between demographic groups, to inform future engagement work.

Feedback to NHS England about expanding inclusion of other conditions and age ranges

We recommend that Tameside ICB passes on the feedback contained in our findings regarding changes to the service on to NHS England, for consideration when the service is reviewed.

This should include:

- Asking NHS England if a review of Pharmacy First is expected, and if so, how the voices of patients will be taken into account.

Comments from providers

We sent this report to Tori O'Hare, Assistant Director of Primary Care Communities & Neighbourhoods (Tameside), and Sarah Hafeez, Senior Medicines Optimisation Pharmacist and NMP Lead for General Practice and Secondary Care (Tameside), who provided the following response to our findings and recommendations:

“Thank you for running this survey and reporting on the awareness and experiences of Pharmacy First across Tameside. In conjunction with you we will report on this through our Place Based Primary Care Commissioning Committee and work together on actions aligned to the themes and recommendations. We will also facilitate collaboration with Tameside General Practice Alliance and Tameside Community Pharmacy Alliance as part of the system improvement work programme in the locality, taking the insight and the findings of this report. There is some specific feedback in the report that we will incorporate into these workstreams, particularly around awareness and communications, and we look forward to continuing to work with you on this.”

Acknowledgements

We would like to acknowledge and thank everyone who took the time to fill out our survey and provide us with the data used in this report, and to our volunteers who helped us gather these responses at outreach events. We would also like to thank the community groups and organisations who assisted with us reaching as many people as possible by allowing us to attend their sessions and speak to their members.



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