

# Pharmacy First: What people told us

Experiences of Pharmacy First in  
Calderdale and Kirklees

April 2026



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## 1. Summary and key findings

This report explores people's awareness and experiences of the NHS Pharmacy First service across Calderdale and Kirklees.

Healthwatch carried out this project to understand whether residents are aware of Pharmacy First, how they are using the service, and whether it is helping people access healthcare more quickly without needing to see a GP or attend urgent care.

A total of **228 residents shared their views**, alongside feedback from pharmacy staff about how the service is working in practice.

We found that Pharmacy First is valued by people who use it, particularly for providing quick access to advice and treatment without needing a GP appointment.

Many people also described receiving helpful advice from pharmacy teams for a wider range of minor health concerns, beyond the specific conditions included within the Pharmacy First service.

However, awareness of the service remains the biggest barrier to wider use. Many people had not heard of the service or were unsure what conditions pharmacists could treat.

We also identified differences in awareness and use, with younger people, men and ethnically diverse groups less likely to know about or access the service.

Some people reported other barriers including uncertainty about eligibility, pharmacy opening hours and concerns about privacy within pharmacy settings.

The report highlights opportunities to improve awareness, accessibility and integration of Pharmacy First within the wider healthcare system.

## 2. Introduction

Pharmacies are playing an increasingly important role in helping people get healthcare advice and treatment quickly and conveniently.

The NHS Pharmacy First service allows people to access advice and treatment for seven common conditions directly from a pharmacist, without needing to book a GP appointment. The service was introduced to improve access to care and help reduce pressure on GP practices and urgent care services.

Through Pharmacy First, pharmacists can assess and provide treatment for several common conditions, including urinary tract infections, ear infections, sore throats, sinusitis, impetigo, infected insect bites and shingles.

Community pharmacies also provide advice, self-care guidance and over-the-counter treatments for a wide range of minor illnesses. This support sits alongside the Pharmacy First service and often forms part of people's experience of visiting a pharmacy.

If a pharmacist cannot help with a condition, they will explain this and guide the person to the most appropriate service.

People can access Pharmacy First by contacting a pharmacy directly, or they may be referred by NHS 111 or their GP practice. Some pharmacies may also offer consultations remotely through online or video services where appropriate.

Understanding people's awareness and experience of Pharmacy First will help local NHS partners identify opportunities to improve awareness, access and the overall effectiveness of the service.



The poster features the NHS logo at the top right with the tagline 'Providing NHS services'. The main headline reads: 'Most pharmacies can help you with seven common conditions without needing a GP appointment'. Below this, a list of conditions is provided with their respective age groups: Sinusitis (adults and children aged 12 years and over), Sore throat (adults and children aged 5 years and over), Earache (children and young adults aged 1 year to 17 years), Infected insect bite (adults and children aged 1 year and over), Impetigo (adults and children aged 1 year and over), Shingles (adults aged 18 years and over), and Urinary tract infection (women, aged 16 to 64 years). The poster includes several small images of people at a pharmacy counter. At the bottom, it says 'Ask your pharmacy for more information about this free\* NHS service' and 'Visit your Pharmacy First!'. A small asterisk at the very bottom states '\*NHS prescription charge rules apply where a medicine is supplied'.

### 3. What we did

Healthwatch gathered feedback from residents across Calderdale and Kirklees between 19 January and 28 February 2026.

We used a public survey to ask people about their awareness and experiences of Pharmacy First. The survey was shared online and used during face-to-face engagement in a range of community settings, including:

- 3 GP practices
- 2 Hospitals
- 8 Pharmacies
- 18 Community groups

In total, **228 people** completed the survey.

The survey asked participants about:

- Their awareness of Pharmacy First
- Whether they had used the service
- The conditions they used it for
- Their experiences of using the service
- Whether using Pharmacy First reduced the need to access other NHS services
- Any barriers they experienced when trying to use the service
- Suggestions for how the service could be improved

We also gathered feedback from pharmacy staff to understand their experiences of delivering the service.

Responses were analysed to identify common themes and patterns.

## **Limitations**

As with most engagement work, some groups may be less represented in the responses. In this survey, fewer younger people took part compared to older age groups.

We were not able to engage with as many GP practices and pharmacies as we'd have liked to. While some locations supported the project, access was limited in others. This means we may not have reached as wide a range of communities as intended. However, we spoke with many community groups across different areas, which helped us hear from a wider range of residents.

We found that some staff were unable or unwilling to give feedback at the time we approached them. More staff feedback would have helped give a fuller picture of how the Pharmacy First service is working in practice, including what works well and any challenges.

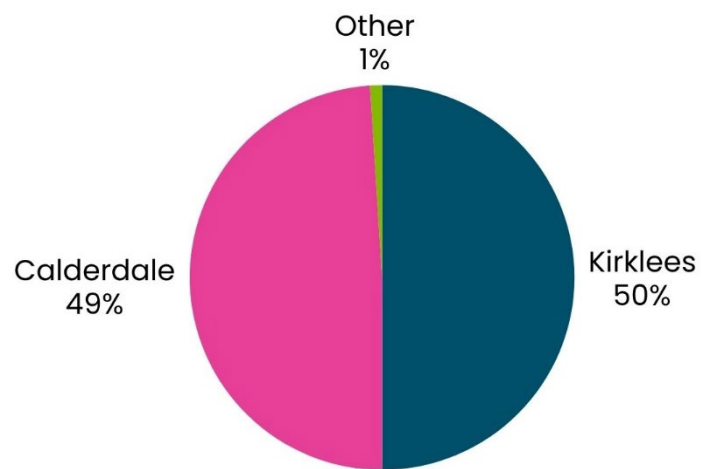
The findings in this report reflect the views of those who chose to take part. They provide a useful insight into how people are experiencing the Pharmacy First service locally.

## 4. Who we heard from

The following section provides an overview of the people who took part in the survey. Of the 228 people who took part in the survey, the responses were as follows:

Kirklees – 50%

Calderdale – 49%



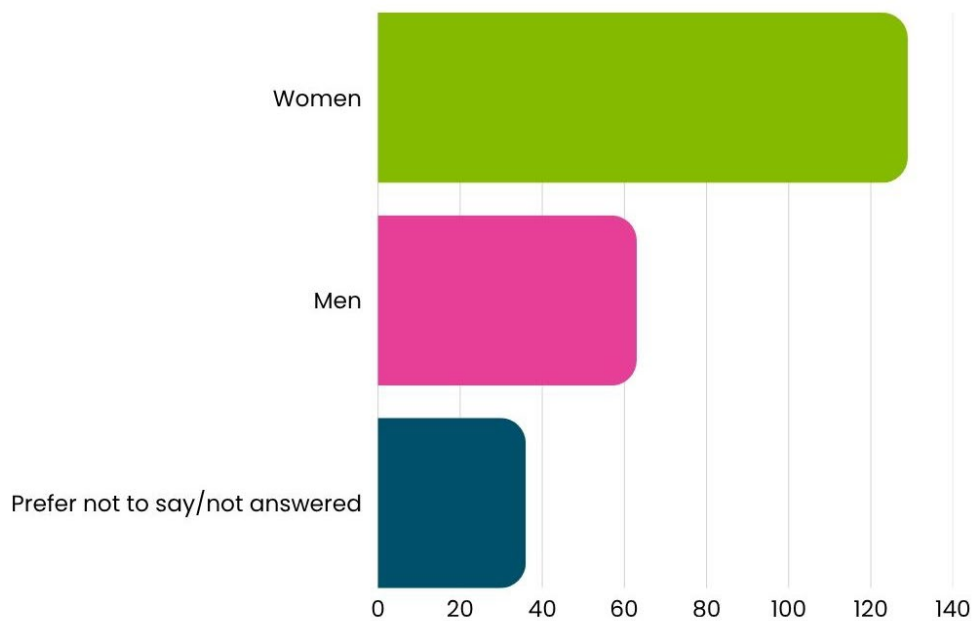
### Gender

Most respondents identified as female.

Women – 57%

Men – 28%

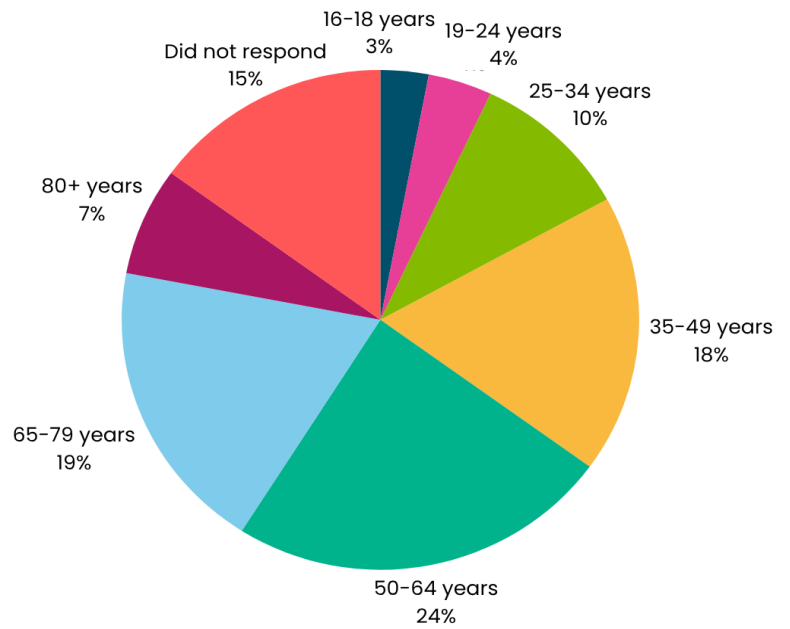
Prefer not to say / not answered – 16%



## Age

The largest group of respondents were aged **50 to 64**, followed by those aged **65 to 79**.

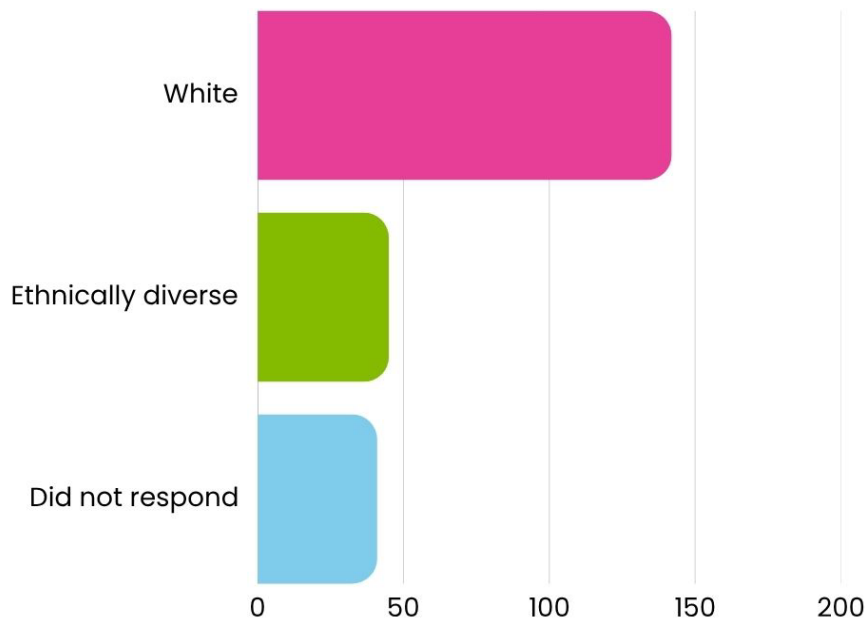
Younger people were less represented in the responses.



## Ethnicity

Most respondents identified as White British or White English.

Around one fifth of respondents identified as coming from ethnically diverse backgrounds.



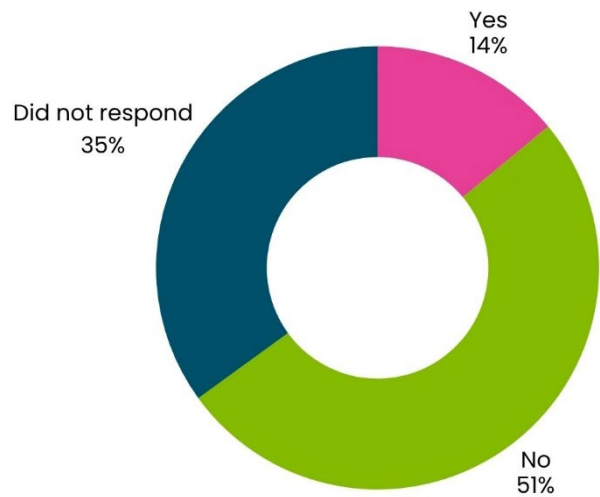
## Disability and long-term conditions

Some respondents identified as living with a disability or long-term health condition. These included:

- long-term health conditions
- physical or mobility impairments
- mental health conditions

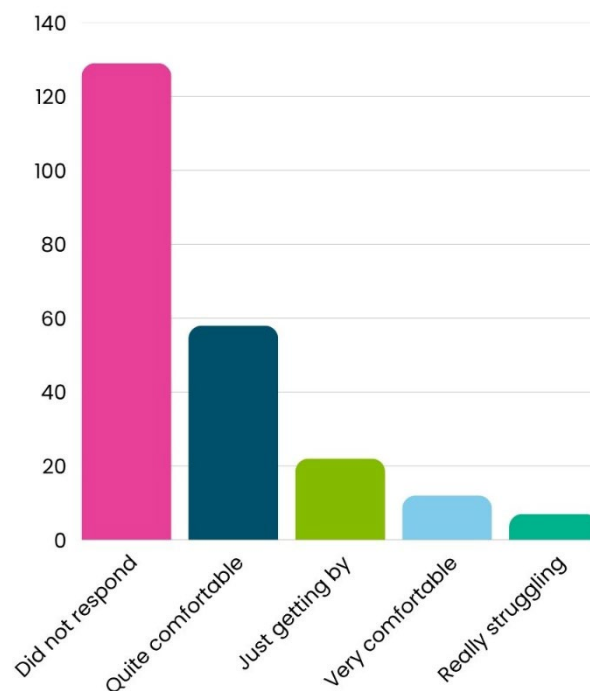
## Carers

**14% of respondents** identified as carers. Some respondents also described using pharmacies on behalf of children or other family members, for example when seeking advice about childhood illnesses.



## Financial situation

Some respondents reported experiencing financial challenges, with a small number describing themselves as struggling financially.



## Inclusion groups

A small number of respondents identified with inclusion groups, including people who are neurodivergent, part of LGBTQ+ communities, or experiencing social isolation.

Overall, the responses provide a useful snapshot of local experiences, although some groups were underrepresented.

## 5. Findings

### 5.1 Awareness of Pharmacy First

Public awareness of Pharmacy First varied significantly across respondents.

Almost **half of participants had not heard of the service** before completing the survey.

- **44% had not heard of the service**
- **35% had heard of it and knew what it was**
- **21% had heard of it but were unsure what it involved**

Among those who had heard of Pharmacy First, some reported being unsure about what the service involved or which conditions pharmacists could treat.

“It’s hard to get a GP appointment especially for the minor condition covered by Pharmacy First so it’s good to know I could go to my local pharmacy and be seen same day by a pharmacist and cut out the need for a GP appointment. I wish I knew about it sooner”

**Demographic information not given.**

Awareness also differed across demographic groups. Younger respondents were significantly less likely to have heard of Pharmacy First compared to older age groups. **93% of respondents aged 16–24 had not heard of Pharmacy First.**

Awareness of the service was higher among women than men. This may partly reflect the types of conditions included in Pharmacy First, such as treatment for women’s urinary tract infections, as treatment for men’s urinary tract infections is not offered for clinical reasons. **59% of men had not heard of Pharmacy First**, compared with **37% of women.**

The survey also explored awareness of Pharmacy First being available through online pharmacies. Among those who were aware of the service, **74% did not know that it could also be accessed through online providers.**

This shows there is a clear need to improve communication and public understanding of how the service works.

“Raise awareness. People won't use it if they don't know they can. Use a range of digital and analogue methods to communicate and make it accessible to local diverse community”

**Female, age 50–64, Kirklees**

“I've never heard of this service before. It needs to be more broadly promoted across Calderdale and Kirklees.”

**Male, age 19–24, Calderdale**

“People need to know about it for it to be accessible.”

**Female, age 50–64, Calderdale**

“Feel confused after GP reception send me to pharmacy because never heard about that pharmacy first”

**Female, age 35– 49, Kirklees**

“Needs more publicity and practices need to consistently signpost”

**Male, age 65–79, Kirklees**

## **5.2 Where people hear about the service**

Among respondents who were aware of Pharmacy First, the most common sources of information were:

- Community pharmacies
- GP practices
- Friends or family

Community pharmacies were the most common source of awareness, highlighting the important role pharmacists play in informing patients about their own services.

There were also some differences between areas. Respondents in Calderdale were more likely to report hearing about Pharmacy First directly from their local pharmacy, while respondents in Kirklees were more likely to have heard about the service through their GP practice.

Digital sources such as social media or NHS websites were less commonly mentioned.

*“I’m in my GP practice a lot and never seen any info about it”*

**Female, age 50-64, Kirklees**

*“More awareness about it. I live opposite a pharmacy and have never seen or heard anything about Pharmacy First service”*

**Male, age 35-49, Kirklees**

This suggests there is an opportunity to make better use of digital channels to increase awareness.

## **5.3 Use of Pharmacy First**

Around **one third of respondents reported having used Pharmacy First.**

Of all respondents, **29% (64 out of 228)** said they had used the service **in person at a community pharmacy.** Among those who had used Pharmacy First, **79% (64 out of 81)** accessed the service in person at a community pharmacy.

Use of the service varied across different groups. Women were more likely to report using Pharmacy First than men.

**40% of women had used Pharmacy First, 18% of men had used it.**

Younger respondents were less likely to have used the service, which may be linked to lower awareness in this age group.

The service was most commonly used by respondents aged **25–34 years**, where **48% reported having used Pharmacy First**.

**38% of White British respondents had used the service**, compared with **15% of respondents identifying as Asian or Asian British: Pakistani**.

**44% of carers reported using Pharmacy First to obtain urgent medication following NHS 111 referral.**

Some people are unclear whether they have actually used Pharmacy First or simply received general advice from a pharmacist. This highlights a lack of distinction, from the public perspective, between a Pharmacy First consultation and everyday over-the-counter advice provided by pharmacies.

“If I needed it I would use. Maybe to tell you if they are offering this service as I’m not sure if I have used or not as I get advice as needed from the pharmacy.”

**Male, age 65–79, Kirklees**

“Most people don't know if the service from the pharmacy is this or not.”

**Female, age 35–49, Calderdale**

“I didn't realise I was using the Pharmacy First service, I don't realise it differs from just going in and speaking with the pharmacy and getting advice about anything.”

**Female, age 80+, Kirklees**

“I go on & ask for some things over the counter, I have no idea of its different to this”

**Male, age 50 –64, Calderdale**

Some people wanted to know more about the service before considering using it in the future.



“I'd want to know more about it before using. Can they see my medical records to know if what they are prescribing won't impact negatively? Will it be added to my medical record? I do trust pharmacists but it's very different training to a GP, how do they line up?”

**Female, age 35–49, Kirklees**

## 5.4 Conditions treated

Respondents reported using Pharmacy First for a range of conditions that pharmacists are able to treat under the service.

Based on survey responses, the three most commonly reported conditions treated through Pharmacy First were:

- **Uncomplicated urinary tract infections – 25%**
- **Ear infections – 23%**
- **Sore throat – 21%**

Some respondents also reported receiving urgent medication following referral from NHS 111.

Several respondents also felt the range of conditions covered by Pharmacy First was limited. Some suggested that expanding the service could encourage more people to use pharmacies for treatment.

“Extend what it can do as it's easier than seeing GP”

**Female, age 25–34, Calderdale**

“Never heard of it & it sounds limited so I may never need to know about it”

**Male, age 19–24, Calderdale**

Others expressed disappointment that pharmacies were not able to offer additional services or treatments they expected might be available.

“Disappointed other services not available such as pneumonia vaccination and shingles vaccination”

**Male, age 65–79, Calderdale**

“Give pharmacy the power to do more. They are so knowledgeable & positive in a way the doctors aren't.”

**Male, age 35-49, Calderdale**

The responses suggest there is some confusion between the Pharmacy First service and the wider support that pharmacy teams provide. Pharmacies also offer advice and self-care guidance for many minor illnesses, which may include recommending over-the-counter medicines.

Some respondents felt that the conditions covered by Pharmacy First appeared to focus more on health issues affecting women and children. One respondent suggested this might influence whether men feel the service is relevant to them:

“It sounds like it's set up for women & children. I bet more men would use it if it dealt with medical needs for us as we don't like going to a GP & might be more likely to ask for advice like this”

**Male, age 25-34, Calderdale**

This perception may contribute to lower awareness and use of the service among men, which was also reflected in the survey findings.

Some respondents felt that Pharmacy First relies on individuals recognising that they have one of the specific conditions the service treats. Some people said this places responsibility on patients to understand both their symptoms and the service before deciding to approach a pharmacy.

“I'd have to know I have 1 of those conditions to then remember I can go to the pharmacy. This needs to be GP referral led not patient led. We're asked to explain why we want a GP appointment so it's easy for them to do”

**Female, age 50-64, Calderdale**

These comments highlight the importance of clear communication about what conditions Pharmacy First can treat. They also show that pharmacists provide advice for a wider range of minor illnesses, and that other healthcare services can help direct people to pharmacies when appropriate.

## 5.5 Experiences of using Pharmacy First

### What worked well

Many respondents reported positive experiences when using Pharmacy First.

The most commonly mentioned benefits included:

- Quick access to advice or treatment
- Not needing to book a GP appointment
- Convenient access through local pharmacies
- Pharmacists listening and explaining clearly

These experiences show that Pharmacy First can provide quick and convenient support for minor illnesses.

“I was house bound at the time following an operation and I called my GP as I suspected my shingles had returned and they made me a PF appointment over the phone. I was called by a pharmacist and medication was sent to my home the next day. I couldn't have asked for much more”

**Female, age 65-79, Kirklees**

### Confidence in the service

Respondents were also asked how confident they felt describing their symptoms and following the advice provided: **85% of respondents felt confident describing their symptoms to pharmacists.**

“Trust in their knowledge and experience”

**Female, age 50-64, Kirklees**

Most respondents were generally satisfied with the advice they received and **78% would recommend Pharmacy First to others** after using it themselves.

“Give pharmacy the power to do more. They are so knowledgeable & positive in a way the doctors aren't. Horne Street Pharmacy are very good”

**Female, age 35-49, Calderdale**

“Initially wondered if it was a verified service. I contacted my GP on the App & they sent the message to go to pharmacy”

**Female, age 35–49, Kirklees**

However, confidence varied across groups. For example, **only 25% of neurodiverse respondents said they felt very confident describing their symptoms**, suggesting some people may benefit from additional support and information when accessing the service.

Some respondents also expressed a preference for seeing a GP rather than a pharmacist when seeking a diagnosis. While many people were confident in pharmacists’ advice, others felt more comfortable receiving a diagnosis in a GP surgery.

“When I was referred by my GP to go to the pharmacy instead of having a GP appointment, I didn’t feel they would be able to correctly diagnose the issue. When I want a diagnosis I want to see a GP.”

**Male, age 50–64, Kirklees**

These views suggest that some members of the public may still see pharmacists primarily as providers of medication advice rather than clinical assessment.

## **5.6 Impact on other NHS services**

The survey explored whether using Pharmacy First helped people avoid accessing other NHS services.

In **Kirklees, 62% of respondents said they did not need to access another service**, compared with **46% in Calderdale**.

“No need for a GP appointment & time off work”

**Female, age 50–64, Kirklees**

“We had to wait an hour to be seen by the pharmacist but it was a Friday afternoon and would have not got a GP appointment until Monday at the earliest so at least my son got treatment over the weekend”

**Female, age 25–34, Kirklees**

Some groups were more likely to need further support after using Pharmacy First. For example, **64% of carers reported needing to access another urgent service afterwards.**

This shows that Pharmacy First can help reduce demand on GP appointments and other urgent care services when people are able to access the service appropriately.

However, some respondents reported needing to seek further advice from another service following their pharmacy visit. For example, when someone urgently needs repeat medication, they should be directed to NHS 111 so that an appropriate referral can be made to the Pharmacy First service.

“I smashed my medication bottle accidentally on a Saturday. I went in to my usual pharmacy & explained but I had to call 111 which I did there. It took about 30 mins but was sorted”

**Female, age 35–49, Calderdale**

## **5.7 Accessibility and barriers**

While many respondents reported positive experiences using Pharmacy First, some described challenges that made it harder to access or feel confident using the service.

These barriers related to awareness, practical accessibility, confidence in the pharmacy setting and uncertainty about how the service works.

## **Awareness and understanding of the service**

Lack of awareness remains one of the biggest barriers to accessing Pharmacy First. Many respondents said they had not previously heard of the service, were unsure what conditions pharmacists could treat and when it is appropriate to access it.

Some respondents also said that the large amount of health information displayed in pharmacies can make it difficult to remember what services are available.

“You go into the pharmacy and there are posters for all sorts of things you can do. None of them relevant to my needs. I suppose if it was I would try. It’s hard to remember who does what now.”

**Male, age 65–79, Kirklees**

“Not sure I would think to go to a pharmacy for some of the conditions either.”

**Female, age 50–64, Calderdale**

“Only relevant if you have those things. Remembering this when you do is unlikely. I’d go to GP still apart from earache unless that got worse.”

**Male, age 35–49, Kirklees**

One respondent suggested that clearer information about what the service covers could help improve understanding.

“Many people still don’t fully understand what Pharmacy First covers. Simple condition checklists displayed prominently in pharmacies could help.”

**Female, age 50–64, Kirklees**

## **Privacy and consultation spaces**

Privacy within pharmacy environments was another concern raised by respondents. Some participants felt uncomfortable discussing personal health issues at the pharmacy counter where other customers may overhear.

While this was not raised by all respondents, some said there was a lack of private consultation spaces and this may discourage people from accessing the service, particularly for more sensitive health concerns.

“When I spoke with my pharmacist about my sore throat the whole conversation took place in the shop front with other customers overhearing the conversation. It was only regarding a sore throat so I wasn’t too bothered, but if it had been about something else like a rash I would have felt uncomfortable speaking in front of others.”

**Female, age 50–64, Kirklees**

“I could see why people may not want to use Pharmacy First because it is not private whatsoever and may cause less confident people in social situations to not access it.”

**Female, age 16–18, Kirklees**

“I wouldn’t want to ask in a pharmacy something personal that in a GP surgery is done one to one in a private place.”

**Female, age 19–24, Calderdale**

Some respondents suggested that clearer signage and information about consultation rooms and the option to request a private discussion could help address these concerns.

## Practical barriers

A smaller number of respondents described practical barriers that may make it harder for some people to access pharmacy services.

These included:

- Pharmacy opening hours
- Disability or mobility issues
- Caring responsibilities
- Travel or internet costs
- Digital access or skills
- Language or communication needs

For example, some parents reported needing to bring children with them to the pharmacy when seeking treatment. This may be due to clinical staff needing to see the patient in person, if video consultation is not appropriate, to assess and provide treatment.

“I had to take the ill child with me – they wouldn't give the medication without seeing her.”

**Female, age 25–34, Calderdale**

Some respondents also suggested that busy pharmacy environments may feel overwhelming for certain groups, including people who are neurodivergent or those who find crowded settings difficult.

## Understanding of prescriptions and treatment

Some respondents expressed confusion about whether Pharmacy First consultations or medications would involve a cost.

A small number of participants believed that they might need to pay for treatment or prescriptions when using the service, particularly if they were referred by their GP.



“Sounds like a ploy to spend money in a pharmacy rather than get your health needs for free on the NHS. I get free prescriptions – is all this to get us to pay?”

**Calderdale male, 35–49**

**(Healthwatch provided information about how prescriptions work within Pharmacy First.)**

This suggests that clearer communication about prescription charges and eligibility may help address misunderstandings about the service.

## **5.8 How the service could improve**

Respondents suggested several ways the Pharmacy First service could be improved.

The most common suggestion was greater promotion and awareness of the service.

Other suggestions included:

- Expanding the range of conditions pharmacists can treat
- Increasing pharmacy opening hours
- Improving privacy within pharmacy consultation spaces
- Providing clearer information about how the service works

These suggestions reflect the main barriers identified throughout the findings.

## **5.9 Differences in awareness and access**

The findings suggest differences in awareness and use of Pharmacy First across different groups.

### **Age**

Among the small number of respondents aged **16–24 years, 93% had not heard of Pharmacy First**, and none reported having used the service.

This suggests that younger adults may not currently be receiving information about Pharmacy First through channels that reach them effectively.

## **Gender differences**

Men were less likely to be aware of the service and less likely to report having used it.

- **59% of men reported not being aware of Pharmacy First**, compared with **37% of women**.
- **40% of women reported using the service**, compared with **18% of men**

## **Ethnicity**

There were also differences in service use between ethnic groups.

For example, **38% of White British respondents reported using Pharmacy First**, compared with **15% of respondents identifying as Asian or Asian British: Pakistani**.

However, confidence levels among Asian or Asian British respondents who used the service were high, with **100% reporting they felt confident in the advice received**.

## **Disability and accessibility**

Some respondents with disabilities reported barriers such as mobility challenges or difficulties accessing pharmacies.

However, respondents with disabilities also showed slightly higher awareness of online pharmacy services, suggesting that digital routes may help improve accessibility for some patients.

Addressing these differences will be important to ensure the service is accessible and beneficial for all communities.

## 6. Staff Feedback

Pharmacy staff also shared their experiences of delivering the Pharmacy First service. There were 20 responses from staff working in Calderdale and 2 from staff working in Kirklees.

Their feedback reflects their day-to-day experiences of working within community pharmacies and delivering the Pharmacy First service in practice. Individual experiences may vary depending on local processes and referral pathways.

Overall, staff reported that the service was manageable within their workload. Some staff said Pharmacy First provides a useful way to support patients with minor illnesses and improve access to care. However, there were several comments describing challenges in delivering the service:

- Limited public awareness of Pharmacy First
- Complexity around eligibility criteria
- Patient records and information sharing
- Capacity pressures within busy pharmacies
- Referral pathways between services not always working smoothly

*“We often cannot see patient records to know if prescribing will impact other medicines, that relies on honesty of patient. We get few referrals from GP. Public unaware it's limited conditions. If people actually thought 'pharmacy first then GP' it would involve more people but it's not in our psych to easily change how we think when accessing healthcare,”*

***Calderdale pharmacy worker***

*“I'm not involved in commissioning or contracts but I do feel pharmacies are delivering a lot of services but patients don't always think of us to come here”* ***Calderdale pharmacy worker***

Several staff comments highlighted the importance of clear referral pathways between GP practices, NHS 111 and pharmacies.

*“Need GP to signpost more”* ***Calderdale pharmacy worker***

Despite these challenges, many staff described demand for the service as relatively high.

One pharmacy worker says the referrals into Pharmacy First from GPs are based on patients being willing to disclose symptoms to them:

“For patients to disclose their symptoms before GP triage & them be sent to use instead. We still have patients coming with prescriptions from GPs for things we can do” **Calderdale pharmacy worker**

Barriers aren't just the public awareness, but also the physical environment of a pharmacy:

“We have capacity for greater low-level health & wellbeing support but I think the physical environment of a pharmacy isn't a positive environment for patients to discuss such personal health matters” **Kirklees pharmacy worker**

Much of the feedback touched on the need for better collaborative working with other parts of the NHS.

After public awareness, the main barriers highlighted were the referral pathways not working well and the complexity of the eligibility criteria which means some patients are then referred back to their GP.

“The GP's have made it a routine to send most cases to us including those which are not even covered by the PF scheme which is wasting our time and frustrating the patients but also affecting us financially as we are not getting paid for these consultations which are still taking up our time and resources” **Kirklees pharmacy worker**

“I think it is a waste of time and just adds to the workload as 9/10 times they need a GP appointment anyway. A lot of patients get frustrated and annoyed having to be signposted to pharmacy & then back to GP” **Calderdale pharmacy worker**



“Knowledge beyond GPs too. Opticians give prescriptions for eye drops & they're cheaper to buy without. I do shifts in hospital pharmacy too & it's staggering how many people are given a prescription for something they can buy without. They trust the prescription by the doctor. Even when we tell them they can get the same thing different name cheaper they want what the doctor wrote” **Calderdale pharmacy worker**

“Referrals from GP or III for the medication requests. I think staff need as much awareness of this as the public does” **Calderdale pharmacy worker”**

## **7. Conclusion**

The findings from this project show that Pharmacy First is valued by people who use it, particularly for providing quick access to treatment without needing a GP appointment.

However, awareness remains the biggest barrier to wider use. Many people had not heard of the service or were unsure what conditions it covers.

Improving awareness and communication about the service could help more people feel confident accessing care through community pharmacies.

The findings suggest differences in awareness and use of Pharmacy First across different groups, including age, gender and ethnicity.

Pharmacy First has the potential to reduce pressure on GP appointments and urgent care services. However, this will depend on improving awareness, strengthening referral pathways and ensuring the service is accessible to all communities.

Addressing these challenges will help ensure Pharmacy First is used effectively and reaches those who could benefit most.

## **8. Recommendations**

Based on the feedback gathered during this project, Healthwatch Kirklees and Healthwatch Calderdale propose the following recommendations.

### **Increase public awareness of Pharmacy First**

Local NHS partners should work with GPs and pharmacies to promote Pharmacy First more widely.

Communication should clearly explain what the service is, what conditions it covers, and how to access it. This should include promotion in GP surgeries, hospitals, and community settings, as well as through digital channels such as social media.

Targeted communications should be developed for groups with lower awareness, including younger people.

### **Provide clearer information about eligibility**

Clear and consistent information should be available for both patients and NHS staff about who is eligible for Pharmacy First and which conditions can be treated.

GP practice staff involved in triage should be supported to refer appropriately.

### **Strengthen referral pathways**

GP practices, NHS 111 and pharmacies should continue to improve referral pathways to ensure patients are directed to the most appropriate service first time.

## **Improve accessibility and patient experience**

Pharmacies should ensure consultation spaces provide appropriate privacy.

Consideration should also be given to:

- supporting people with communication needs
- improving access for people with disabilities
- offering clearer guidance on how to request the service
- providing information about whether there is a cost for using the service

## **Promote confidence in the role of pharmacists**

Local NHS partners should increase public understanding of the role pharmacists play in diagnosing and treating conditions through Pharmacy First.

This should include reassurance about safety, access to medical history, and how care is recorded.

Communications should also highlight the clinical training and expertise of pharmacists to help build public confidence in the service.

## **Address differences in awareness and access**

Targeted action should be taken to improve awareness and access among underrepresented groups, including younger people, men, and ethnically diverse communities.

This may include culturally appropriate communication, community outreach, and accessible formats.

## **Monitor and evaluate impact**

Local NHS partners should continue to monitor the impact of Pharmacy First on GP demand and urgent care services.

This should include identifying where the service is working well and where improvements are needed.

## **9. Response from Community Pharmacy**

“The report will provide us insights and key areas for discussion / actions going forward.”