



A walk-in Pharmacy First service: the front door to the NHS

During the COVID-19 pandemic, the public came to rely upon community pharmacies being open and accessible throughout. We estimate that up to 65 million consultations providing advice to members of the public now take place in pharmacies each year. For 36 million of these consultations, the person would otherwise have sought assistance from their general practice or at an Emergency Department.



General practice continues to face unprecedented demand to manage the backlog of care arising from the pandemic. The community pharmacy sector is well placed to alleviate some of these pressures through a Pharmacy First Service, provided it receives appropriate funding to build its resource and future capacity. This would divert patients seeking support for minor illnesses away from general practice and other urgent care providers. It would enable practices to focus on more clinically complex patients, while also addressing the current backlog in care.

A fully funded Pharmacy First service would enable patients to go to their local community pharmacy to have their condition managed by a community pharmacist. Patients would receive expert advice, treatment (where appropriate) and where a “red flag” symptom is identified, the patient would be appropriately referred, depending on their individual circumstances. There are many minor illnesses which could be covered by the service including:

- Ear, nose and throat conditions;
- Skin conditions;
- Urinary Tract Infections; and
- Sore throat.



Treatment would be provided, where appropriate, using an over-the-counter medicine or the supply of prescription only medicines (via Patient Group Directions) and in the future using pharmacist independent prescribers. This service would support several NHS and Government priorities, not least:



- Encouraging patients and the public to access pharmacies as their first port of call for NHS advice and support;
- Improving timely access to primary care;
- Transferring demand from general practices and allowing them to focus their time on anticipatory care of clinically complex patients; and
- The broader ‘Levelling Up’ agenda, leveraging use of the high numbers of community pharmacies in the areas with the greatest deprivation¹

How much would the service cost?

Community pharmacy is ideally positioned and willing to do this but, put simply, the community pharmacy sector cannot absorb this extra work without incremental funding investment. The sector will need an **additional £400m in new cash investment** to build on existing, stretched resources to meet this new demand.

The cost of providing these services will vary depending on the needs of the individual patient and PSNC have provided DHSC and NHS England with a detailed proposal for the service and an analysis of the costs and benefits². Once the service is established, we estimate there would be 86 million annual community pharmacy consultations. This equates to an average of 25 daily consultations per pharmacy, increasing demand across the network by 31% with patients who would have previously chosen their GP first.



What are the benefits to the Health and Social Care system?

Our 2023 pharmacy pressures survey³ showed that the demand for walk-in healthcare advice and support from patients has risen; 92% of pharmacy staff have seen a significant increase in requests from patients unable to access General Practice.

A poll of 1774 adults in England by YouGov, commissioned by PSNC in March 2023, found that 68% of people would find it easier to seek health advice for common conditions at a community pharmacy rather than a GP surgery, as well as 75% agreeing that pharmacies should offer more healthcare services.

Consultations are likely to increase further once the service is fully implemented and the data shows that the public increasingly recognise the opportunity to use pharmacy first. As a consequence of this, our business case and analysis estimates general practice visits prevented would increase to over 47m annually, which would otherwise have a **cost to the NHS of £1.85bn**⁴.

Addressing health inequality

Research conducted by Healthwatch England⁶ has shown that tens of thousands of people struggled to contact or see their GP during the first year of the pandemic. This has left patients feeling frustrated and confused, with certain groups at greater risk of struggling to access the support they needed (including older people, those with disabilities, people affected by homelessness and on low incomes, and those whose first language is not English). This trend has continued with ongoing reports of delays to get general practice appointments.

Recent research⁷ has also found that poorer areas suffer the most from GP shortages. Since pharmacies are embedded within local communities making them easily accessible; particularly in areas of deprivation, it is all the more important, that patients in these areas can continue to access appropriate healthcare and advice for minor illness.

Timescales

This proposal does not require new technical infrastructure, legal or regulatory changes, so could be implemented promptly, with new investment being quickly used to develop pharmacy team resources to meet the anticipated patient demand.

Further information

Zoe Long, PSNC Director of Communications and Public Affairs: zoe.long@psnc.org.uk or 07775 000232
George Foote, PSNC Public Affairs and Policy Manager: george.foote@psnc.org.uk or 0794 9148 098

1. Todd A, Copeland A, Husband A, et al. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity, and social deprivation in England. *BMJ Open* 2014;4:e005764. doi:10.1136/bmjopen-2014-00576
2. PSNC (2022). Community pharmacy contractual framework 2022-23 (year 4) negotiations: PSNC revised support for self-care essential ("walk-in") service proposal. DHSC/NHSEI correspondence (Confidential)
3. PSNC (2023). PSNC Pharmacy pressures survey 2023 Full Report. Available at: <https://psnc.org.uk/wp-content/uploads/2023/04/PSNC-Briefing-009.23-Summary-of-the-results-of-PSNCs-2023-Pharmacy-Pressures-Survey.pdf>
4. PSSRU (2021). PSSRU Unit Costs of Health and Social Care, 2021. Available at: <https://kar.kent.ac.uk/92342/19/Unit%20Costs%20Report%202021%20-%20Final%20version%20for%20publication.pdf>
5. Leckcivillize A, McNamee P, Cooper C, et al. Impact of an anticipatory care planning intervention on unscheduled acute hospital care using difference-in-difference analysis. *BMJ Health & Care Informatics* 2021;28:e100305. doi: 10.1136/bmjhci-2020-100305
6. Healthwatch (2022). *GP access review must be part of NHS COVID-19 recovery* | Healthwatch. Available at: <https://www.healthwatch.co.uk/news/2021-03-22/gp-access-review-must-be-part-nhs-covid-19-recovery>
7. University of Cambridge, Primary Care Unit (2022) Inequalities in the distribution of the general practice workforce in England. Available at: <https://www.phpc.cam.ac.uk/pcu/research/research-groups/crmh/research/crmh-health-inequalities/primary-care-workforce-inequalities-remain-as-wide-as-ever/>