



# COMMUNITY PHARMACY ENGLAND PHARMACY ADVICE AUDIT 2024

2024 Full Report

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## Executive Summary

Community pharmacy is the front door of the NHS and helps to deliver healthcare in local communities closer to home. Pharmacies not only provide services commissioned and paid for by the NHS, but they also provide free at the point of access, professional healthcare advice to any person who seeks it. This audit aims to demonstrate the number of unfunded, professional consultations being carried out in community pharmacy to demonstrate the unseen value pharmacies provide.

In the summer of 2024, **3,916 community pharmacies** took part in the fourth Community Pharmacy England (CPE) Pharmacy Advice Audit to provide key information on the number, type, duration and outcome of consultations that occur daily in community pharmacy.

Over the course of one day, the pharmacies were asked to record information on all their patient consultations, which provided data on **61,837 patient consultations** to inform the results of this audit. These are consultations which are not part of an NHS-funded service, such as Pharmacy First. It was recognised, that not all pharmacies would manage to record data on every consultation during the day, so each pharmacy was asked to estimate their percentage completion rate.

The data showed, that on average, a community pharmacy consults with **21.7 patients per day**, which is higher than any of the previous audits. Therefore, across 10,200 community pharmacies, there are approximately **1,327,428 consultations per week** (6 days per week) or, just over **69 million per year** which is significantly higher than the first audit carried out during the COVID-19 pandemic where the results showed 48 million consultations per year.

Not only are more people attending a community pharmacy daily, but a consistently high percentage are self-referring with **80.8% in 2024** compared to 80.3% in 2022 and 76.3% in 2021. Weekly, nearly **922,000 people** (69.5%) are presenting to the pharmacy for advice about their clinical symptoms along with a further 19.5% seeking advice about an existing medical condition. However, over the course of a week, nearly **150,000 informal referrals** (2.4 / pharmacy / day) are still being received in the pharmacy from either GP surgeries or NHS 111.

Community pharmacies **successfully conclude 85% of consultations**, with only 15% being referred to another healthcare professional, of which 66% of these are referred to the patient's GP surgery. Of the 15% of patients that were referred to another healthcare professional, 26% were deemed by the pharmacy to require an urgent assessment, which is an increase from 23% in 2022 and provides an insight into the level of acuity of patients visiting pharmacies.

The average consultation duration was **6.15 minutes**, meaning over **133 minutes per day (2 hour 13 minutes)** is spent providing these clinical consultations.

Finally, if the patient had not been able to access their local community pharmacy, they would have **visited their GP surgery in 54.6% of occasions**, which would have resulted in an **additional 725,200 appointments per week**, or **115.2 per surgery per week (n=6,295)**. This showed a marked increase from 2021 and 2022, where 74.4 and 94.8 appointments per week respectively were avoided. This represents an avoidance of over **37.7 million GP appointments per year** by patients having access to their local community pharmacy.

## Introduction

### Background

Every day, 1.6 million people visit a community pharmacy in England,<sup>1</sup> equating to around 438 million visits per year for health-related issues.<sup>2</sup> Community pharmacies are highly accessible, with hundreds open late into the evening and at weekends, allowing the public to obtain clinical services at a time convenient to them.<sup>2</sup> Pharmacies extend the NHS service directly into local neighbourhoods to allow communities to access healthcare services closer to home. This results in better outcomes for patients and frees up GP appointments for more complex patients.

Clinical care is provided every day by community pharmacies as part of the support for self-care Essential Service within the NHS Community Pharmacy Contractual Framework<sup>3</sup>, but there is no direct remuneration for this activity. The introduction of the NHS Pharmacy First service<sup>4</sup> has meant that pharmacists are now consulting with patients for seven more complex conditions, however daily, pharmacists and their teams are still providing support for conditions that exceed the remit of self-care and as such, are seeing more acutely unwell, complex patients without receiving direct remuneration for this activity.

This is the fourth audit with the previous ones carried out in the summer of 2020, winter of 2021 and the winter of 2022.<sup>5</sup>

### Audit Purpose

This audit aims to identify key indicators such as the number of consultations per day, referral route into the pharmacy, duration and outcomes along with beginning to consider the level of severity of the presenting complaint.

Since the introduction of the NHS Community Pharmacist Consultation Service (NHS CPCS) and more recently the NHS Pharmacy First service, pharmacists are now seeing patients presenting with more complex conditions and are providing them with confidential consultations. It is therefore hypothesised that patients are now more regularly using the community pharmacy as their primary preference for management of common ailments and therefore pharmacies are not only seeing more patients but importantly, many also having

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<sup>1</sup> Gov.UK; Pharmacy in England: building on strengths – delivering the future; online <https://www.gov.uk/government/publications/pharmacy-in-england-building-on-strengths-delivering-the-future> [accessed 22<sup>nd</sup> August 2024]

<sup>2</sup> NHS England, Community Pharmacy – Helping to provide better quality and resilient urgent care. Version 2; November 2014; online <https://www.england.nhs.uk/wp-content/uploads/2014/11/comm-pharm-better-quality-resilient-urgent-care.pdf> [accessed 10<sup>th</sup> July 2024]

<sup>3</sup> CPE, Essential Services; online <https://cpe.org.uk/national-pharmacy-services/essential-services/support-for-self-care/> [accessed 10<sup>th</sup> July 2024]

<sup>4</sup> CPE, Pharmacy First Scheme; online <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/> [accessed 10<sup>th</sup> July 2024]

<sup>5</sup> PSNC Pharmacy Advice Audit – Summer 2020, Winter 2021 and Winter 2022, CPE, online <https://cpe.org.uk/quality-and-regulations/clinical-governance/clinical-audit/pharmacy-advice-audit/> [accessed 10<sup>th</sup> July 2024]

more complex conditions. This is supported by a finding in the PAGBs' Self-Care Census 2024<sup>6</sup>, where 76% of adults say that they see their pharmacist as a trusted health information source.

NHS Pharmacy First is contractually funded, however there are still a significant number of people informally referred by surgeries and NHS 111 which are not allowed to be included within the NHS Pharmacy First service and consequently are not funded. This audit aims to also identify the number of unfunded consultations being initiated via an informal referral.

This audit aims to provide data to demonstrate changes in public behaviour and has several objectives:

1. To gather data on the reasons why patients chose to visit a pharmacy.
2. To quantify the number of patients seeking advice from pharmacies and to assess those consultations in terms of the type, volume and resource impact on pharmacies.
3. To begin to understand the level of severity of the presenting complaint by looking at the urgency of referrals to other healthcare professionals.
4. To quantify the informal referrals to pharmacies from GP practices and NHS 111.

The findings of the audit will be used to inform Community Pharmacy England's discussions with the Department of Health and Social Care (DHSC) and NHS England about pharmacy consultations, and to demonstrate the amount of clinical care that pharmacies are providing to their local communities.

## Audit Methodology

The audit examined **patient/customer interactions** (consultations) by either a non-pharmacist team member and/or a pharmacist. Pharmacy teams recorded these by ticking relevant boxes on the audit form, then submitting data on **two PharmOutcomes** templates (one service to record the audit data and one service to record summary information relating to the pharmacy).

Pharmacy teams were asked to **record data on every consultation for one day**. If they were not able to record data on every single consultation, they were asked to **estimate the percentage of consultations that were recorded**.

The following consultations were **not recorded** as part of the audit:

- Where a product is requested by **name**
  - Unless this leads to additional advice being provided beyond the safe use of the product
- Advice given relating to a **prescription** being dispensed
- All consultations included in Pharmacy First or other NHS services (local or national) which result in the payment of a fee to the pharmacy owner.

## Data Capture:

The following data was captured on the Data Collection template.

1. The **presenting reason**, to understand why the person chose to visit the pharmacy on that occasion

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<sup>6</sup> PAGB, The Self-Care Census 2024; online <https://www.pagb.co.uk/news/https-www-pagb-co-uk-news-pagb-launches-2024-self-care-census-report/> [accessed 15<sup>th</sup> August 2024]

- *Self-refer*
    - For example, a patient who made their own choice to visit the pharmacy
  - *Informal referral*
    - This was to understand if a **GP, NHS 111, or other** healthcare worker had referred the patient to the pharmacy **without** sending it via a formal referral pathway such to the NHS Pharmacy First service
  - *Unable to access other healthcare setting*
    - This covered situations where the patient had presented or called the pharmacy because they **could not access the health system** via their original chosen route, for example, not being able to speak to the surgery or obtain a GP appointment
2. What **advice** was requested:
    - *Responding to symptoms* (minor ailments)
    - *A known medical condition or medicine*
      - This related to queries outside of the normal dispensing process of a medication. For example, a COPD patient with symptoms of a chest infection resulting in referral
    - *Other consultations* not listed above
  3. **Outcomes:**
    - *Appropriate advice only* or *Appropriate advice and sale* of a medicine.
    - Referral to either the *pharmacist* in the pharmacy or to another healthcare setting such as:
      - *GP surgery*
      - *Out of hours / Urgent Treatment Centres / Minor Injury Units*
      - *A&E*
      - *Other acute care centre*
  4. **Referral Urgency**  
How urgently the pharmacy staff member felt the patient needed to be seen by the other healthcare setting.
    - *Urgent*
    - *Non-urgent*
  5. **Alternatives:**  
What the patient would have done if they could not contact a pharmacy.
  6. **Duration:**  
Estimate of the time spent with the patient gathering information and giving advice.

### Data entry

When all consultations had been completed, the pharmacy team entered the data into two PharmOutcomes modules. This included the day of the audit and the estimated percentage capture of data across all consultations on the day of the audit.

## Results

### Completion Rates

**61,837 consultations** were completed by **3,916 community pharmacies** during the audit, which represented a completion rate of **38.4%** (n=10,200 – estimate, excluding Distance Selling Premises pharmacies) across England.

**3,208 pharmacies** completed both the PharmOutcomes Overview and Data Entry submissions. 3,916 completed the data entry form and 3,232 completed the Overview form.

### Number of consultations per day

A review of the **3,916 pharmacies** who completed the data entry services revealed that there was an **overall average of 21.7 consultations per day**. This was calculated using the total number of consultations recorded across the day along with the estimated percentage capture rate recorded by each pharmacy who completed the Overview form (3,205 pharmacies). Where no percentage value was recorded, their number of consultations recorded was taken as the total for the day. The dataset was adjusted for statistical outliers, resulting in 21.7 consultations per day, across 10,200 community pharmacies. Therefore, it is estimated that **221,238 consultations** are carried out per day and **1,327,428 per week** (n=10,200, days of the week = 6, 21.7 consultations per day).

### Presenting Reason (Referral Route)

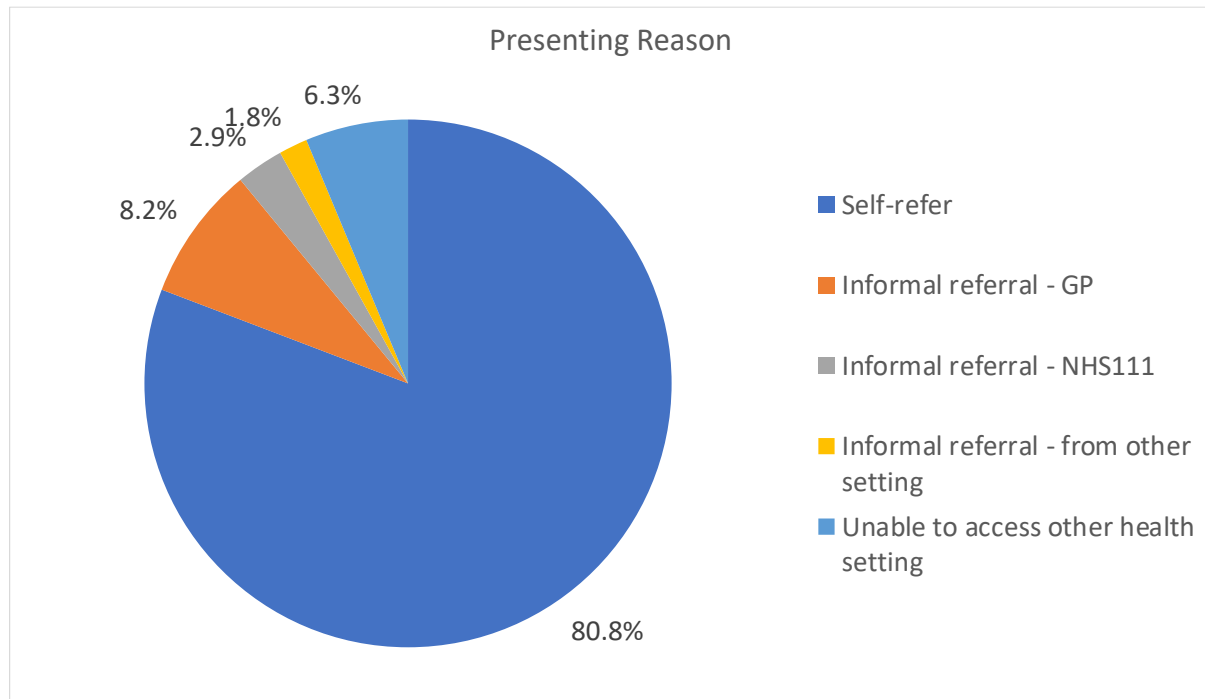
Of the 61,837 consultations recorded, **80.8%** (Figure 1) were because of patients self-referring to the pharmacy. The remaining **19.2%** were due to patients not being able to access the part of the health system they initially required or being informally referred outside of the nationally commissioned NHS Pharmacy First service.

The breakdown of the different referral routes is as follows:

1. **5,100 (8.2%)** were informally referred by General Practice
2. **1,796 (2.9%)** were informal referrals from NHS 111
3. **1,089 (1.8%)** were informal referrals from other healthcare settings
4. **3,900 (6.3%)** were because the patient did not have access to their preferred part of the health system

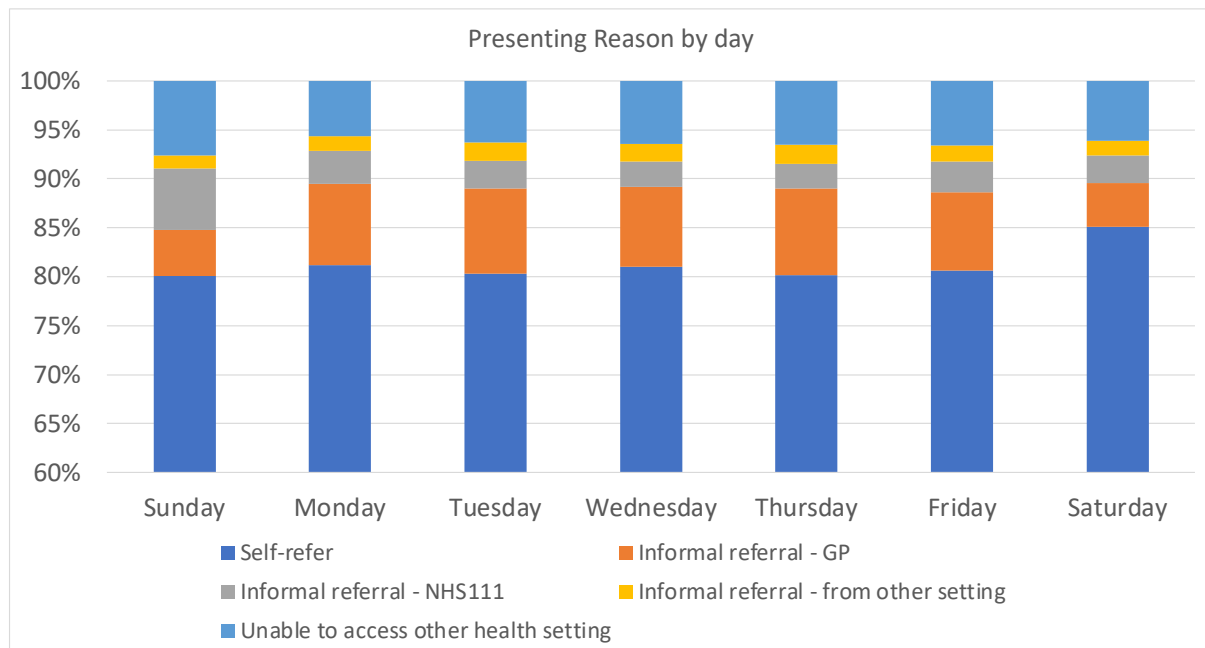
Therefore, weekly, of the **1,327,428** consultations carried out, just over **255,000** are carried out in community pharmacy because the patient is **unable to access their preferred part of the healthcare system** or are **informally referred from General Practice or NHS 111** or another healthcare setting (n=1,327,428 consultations per week, 19.2%).

Figure 1



The presenting reason can also be viewed by day to assess variance across the course of the week (Figure 2). During the week, patients consistently self-refer between 77-81% of occasions, however on a Saturday, this increases to nearly 85% when GP surgeries are closed.

Figure 2



During the working week (Monday to Friday), informal referrals from GPs were on average 8.4% of the patients consulted with in pharmacy. On a Sunday, over 6% of the referrals were due to signposting from NHS 111 rather than a formal referral.



This provides evidence that **four in five patients** know that their pharmacy is the front door to the NHS and therefore it is vital that this service is adequately funded to keep the pharmacies open in the heart of communities. The remaining **one in five patients** use community pharmacy as their front door to the NHS because they cannot access their preferred entry point and without community pharmacy, these patients may well end up with deteriorating health or will place a burden on secondary care.

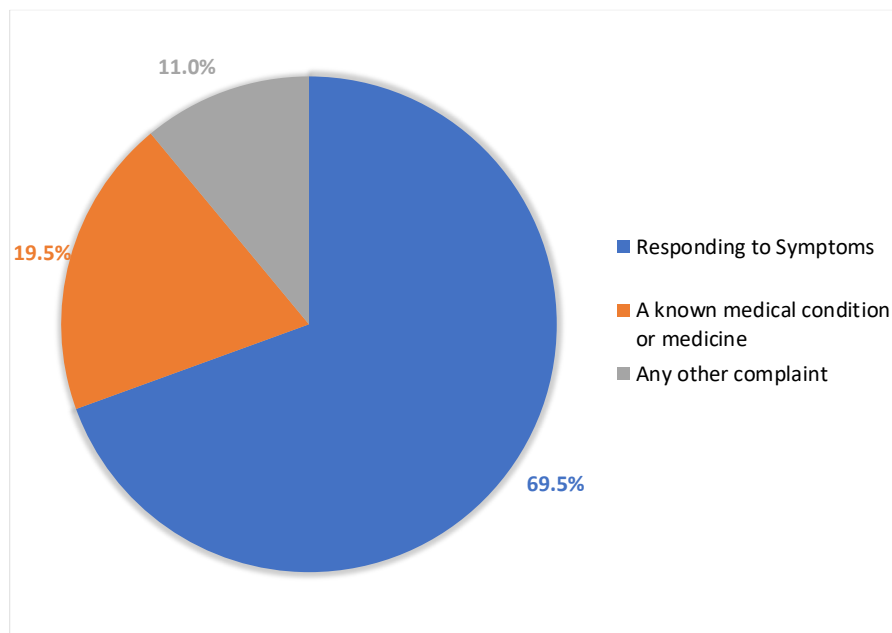
#### Type of consultation (Presenting Complaint)

Patients accessed the community pharmacy with one of the following presenting complaints:

- Responding to symptoms (minor ailments)
- A known medical condition or medicine
- Other consultations not listed above

Responding to symptoms was recorded as the reason for **69.5%** of the consultations, with **19.5%** being for 'a known medical condition' and **11.0%** for 'any other complaint' (Figure 3).

Figure 3



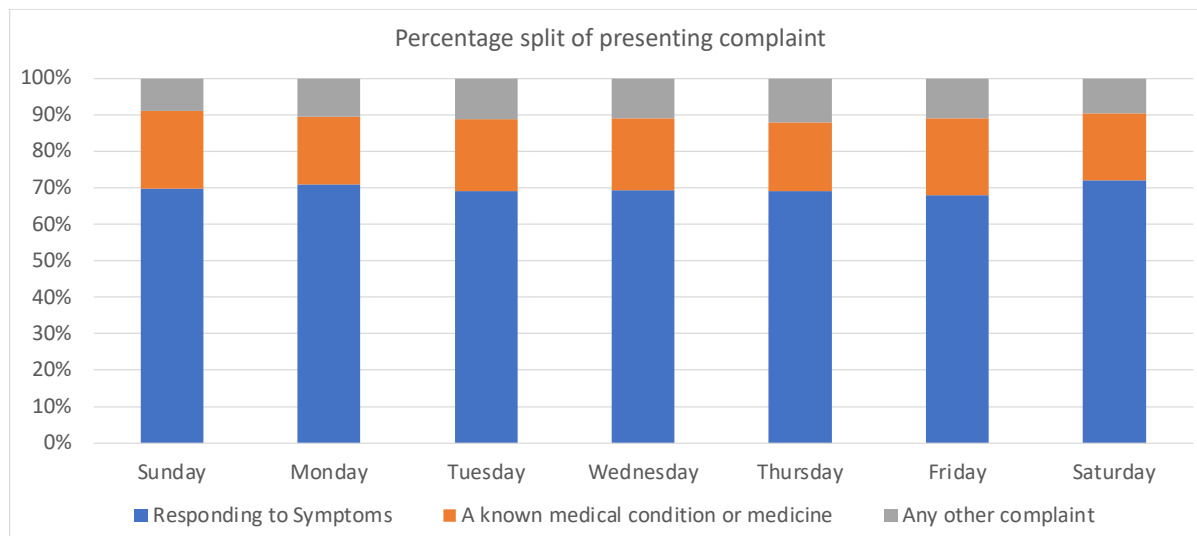
Therefore **weekly**, the community pharmacy network now provides:

- **921,903 consultations to respond to symptoms**
- **259,187 consultations for a known medical condition**
- **146,295 consultations for any other complaint**

(n=10,200 pharmacies, 69.45% or 19.53% or 11.02%, 21.7 consultations / day, 6 days per week)

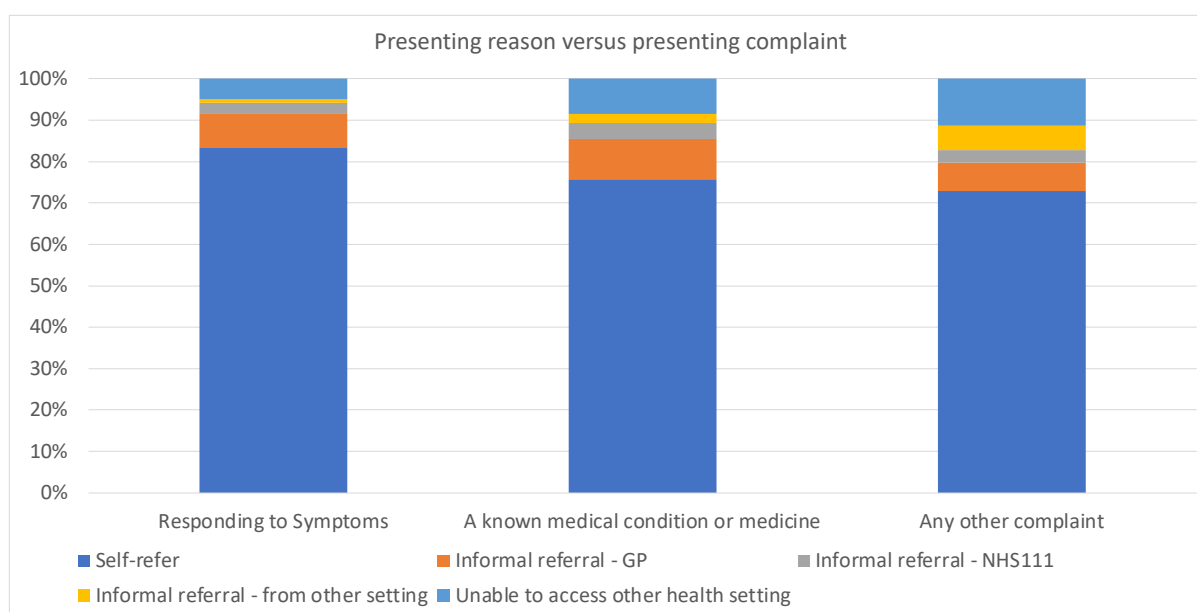
When the presenting complaint information is viewed across the week, all days show a consistent distribution (Figure 4).

Figure 4



However, when the presenting reason (referral route) is compared against the presenting complaint (the type of consultation), the breakdown of patient decisions becomes more apparent (Figure 5). 83% of patients refer directly to a pharmacy when they need help and advice in relation to responding to symptoms. This is because communities know that the highly skilled pharmacist and their team can provide them with advice, and where required a medicine, to support their health. Nearly 10% of patients who seek advice in relation to a known medical condition do so in a pharmacy because they were not able to get support from the part of the NHS they were originally trying to access. This shows the importance of pharmacy always being available to patients without the need for an appointment.

Figure 5



Pharmacies are also managing large quantities of informal referrals (also referred to as signposting) from general practice and NHS 111. Clinically this poses a risk as the patient may not be seen if they do not present to the pharmacy. Additionally, this destabilises the community pharmacy network as pharmacies that are carrying out consultations without a formal referral are not remunerated by the NHS. The audit identified that **109,533 consultations per week were informally referred to community pharmacy from general practice** (Table 1). This accounted for **17.40 informal referrals per week per surgery** to a community pharmacy or **10.74 consultations** informally received in each community pharmacy per week.

Table 1

	Weekly consultations	% Informal referral from GP	Consultations referred from GP per week	Referrals per week per surgery
Responding to Symptoms	921,903	8.1%	74,437	11.82
A known medical condition or medicine	259,187	9.7%	25,052	3.98
Any other complaint	146,295	6.9%	10,044	1.60
<b>Total</b>	<b>1,327,385</b>		<b>109,533</b>	<b>17.40</b>

N.B. – data excluded information provided by five pharmacies as not available electronically

If “Unable to access other healthcare setting” is included in the percentage with General Practice (if we assume that the health setting that people were most likely to have been trying to access in primary care was general practice), then the number increases to around **193,000 consultations per week, or 30.68 weekly consultations per surgery** as a consequence of lack of access to general practice (Table 2) (n=6,295). For the purpose of this report, 109,533 consultations will be used from Table 1.

Table 2

	Weekly consultations	% Informal referral from GP	% Unable to access other healthcare setting	Consultations referred from GP per week	Referrals per week per surgery
Responding to Symptoms	921,903	8.1%	5%	119,417	18.97
A known medical condition or medicine	259,187	9.7%	9%	47,137	7.49
Any other complaint	146,295	6.9%	11%	26,562	4.22
<b>Total</b>	<b>1,327,385</b>			<b>193,116</b>	<b>30.68</b>

N.B. – data excluded information provided by five pharmacies as not available electronically

Pharmacies receive nearly **38,500 informal referrals from NHS 111** per week (Table 3), generating **3.77 consultations** per week in each community pharmacy (n=10,200).

Table 3

	Weekly consultations	% Informal referral NHS111	Consultations referred from NHS111 per week	Referrals received per week per pharmacy
Responding to Symptoms	921,903	2.6%	23,931	2.35
A known medical condition or medicine	259,187	3.9%	10,214	1.00
Any other complaint	146,295	3.0%	4,345	0.43
<b>Total</b>	<b>1,327,385</b>		<b>38,490</b>	<b>3.77</b>

N.B. – data excluded information provided by five pharmacies as not available electronically

Overall, the weekly number of informal referrals from GPs and NHS 111 stands at nearly 150,000 in 2024, which generates **14.5 informal consultations** per week per community pharmacy (n=10.74; 3.77), which should instead be referrals to the NHS Pharmacy First service. This **removes nearly £115.5m of funding** per annum from community pharmacies through lost NHS Pharmacy First opportunities (n=148,023 consultations @ £15, 52 weeks per year).

This also generates a **clinical risk** because if patients are not formally referred via NHS Pharmacy First, there is a risk that they will be missed as there is no record of their clinical need and the community pharmacy team is not aware they were informally referred to them, with no ability to follow up with the patient.

**This demonstrates the need to ensure all GP surgeries and NHS 111 providers are sending electronic referrals to the NHS Pharmacy First service.**

### Consultation Initiation

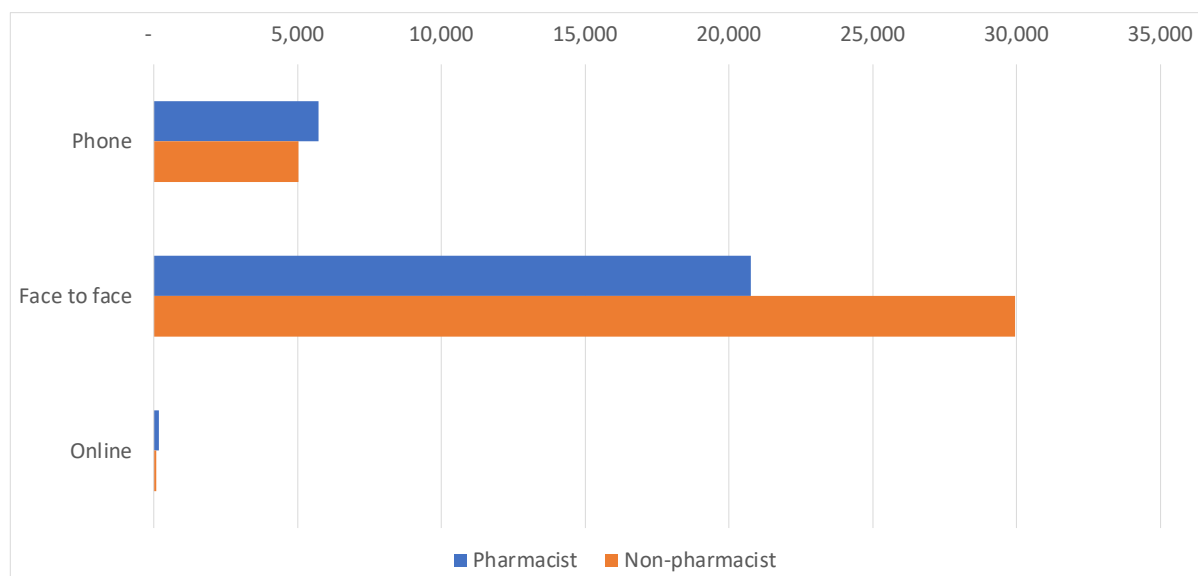
**35,129** (56.8%) consultations were initiated with a non-pharmacist and **26,708** (43.2%) with the pharmacist. Of the consultations initiated with the non-pharmacist, **8,830** (25.1%) were referred to the pharmacist (Figure 6), leading to a total of **35,538** consultations involving the pharmacist.

Figure 6



**50,782** (82.1%) consultations were provided face-to-face, **10,786** (17.4%) by phone and **269** (0.4%) were online (Figure 7).

Figure 7



### Outcome of the consultations

For each of the consultations the following outcomes could occur:

- Appropriate advice only; or
- Appropriate advice and the sale of a medicine.

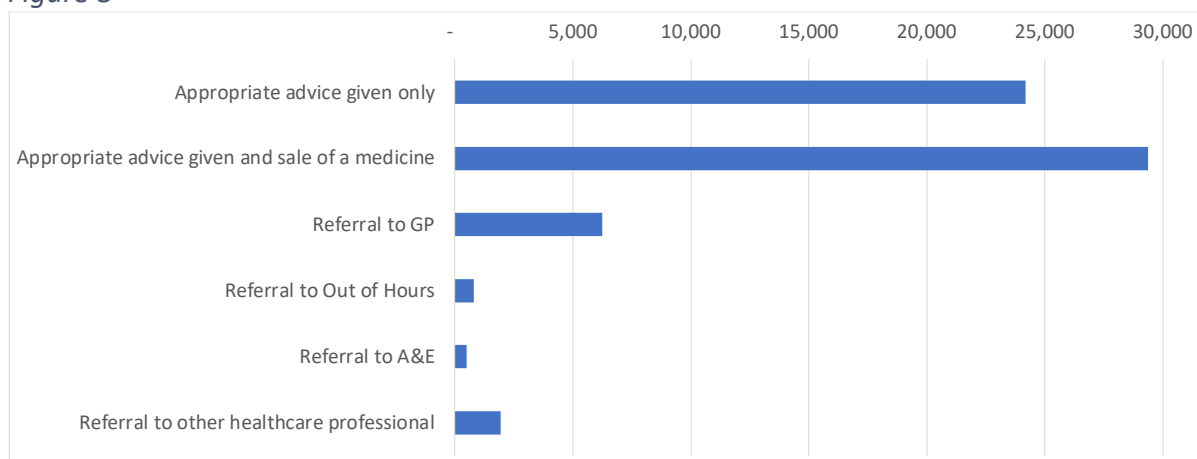
The two outcomes above could also occur with or without:

- Referral from the non-pharmacist to the pharmacist in the community pharmacy
- Referral to another healthcare professional
  - For example, GP surgery, Out of Hours, A&E and NHS 111

The recorded outcomes can be seen in Figure 8. **24,425** (39.5%) of the consultations resulted in advice without the sale of a product with **29,423** (47.6%) resulting in advice and the sale of a medicine. This showed that over **524,321** consultations per week or **8.6 consultations per day per pharmacy** occur in each community pharmacy for clinical advice alone, with no direct remuneration and no linked sale of a medicine (39.5% of 1,327,428 or 21.7). Onward referral to another healthcare professional occurred in **9,480** (15.3%) of the consultations.

The breakdown of the **9,480** referrals elsewhere shows that, **6,240** (10.1%) referrals were made to the GP, **799** (1.3%) referrals to Out of Hours, **492** (0.8%) referrals to A&E and the remaining **1,949** (3.2%) referred to another healthcare professional. To note, the outcome of advice, advice with a medicine and potential referral equates to 63,328 consultations which is greater than the 61,837, because some consultations had multiple outcomes such as advice and referral.

Figure 8

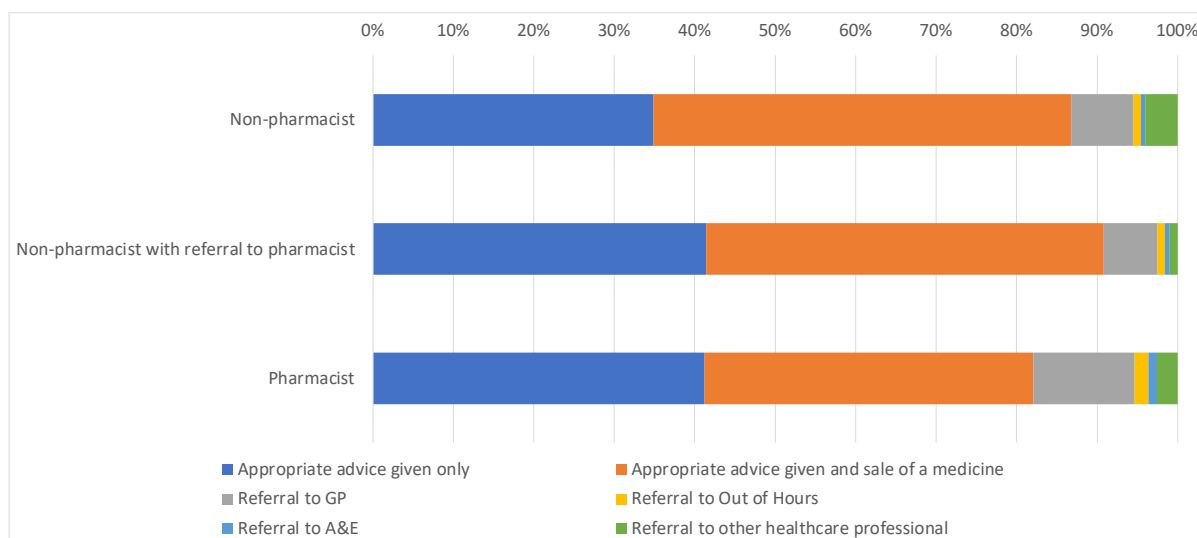


When the outcome of the consultation is compared to the colleague in the pharmacy that the patient first presented to, it shows that:

- In 87% of cases initiated with the non-pharmacist, the outcome is advice with or without a product,
  - 35% with advice alone and 52% with advice and the sale of a medicine
- In 91% of cases when the non-pharmacist refers to the pharmacist the outcome is advice with or without a product,
  - 42% with advice alone and 49% with advice and the sale of a medicine
- In 82% of cases initiated with the pharmacist result in an outcome of advice with or without the sale of a product.
  - 41% with advice alone and 41% with advice and the sale of a medicine

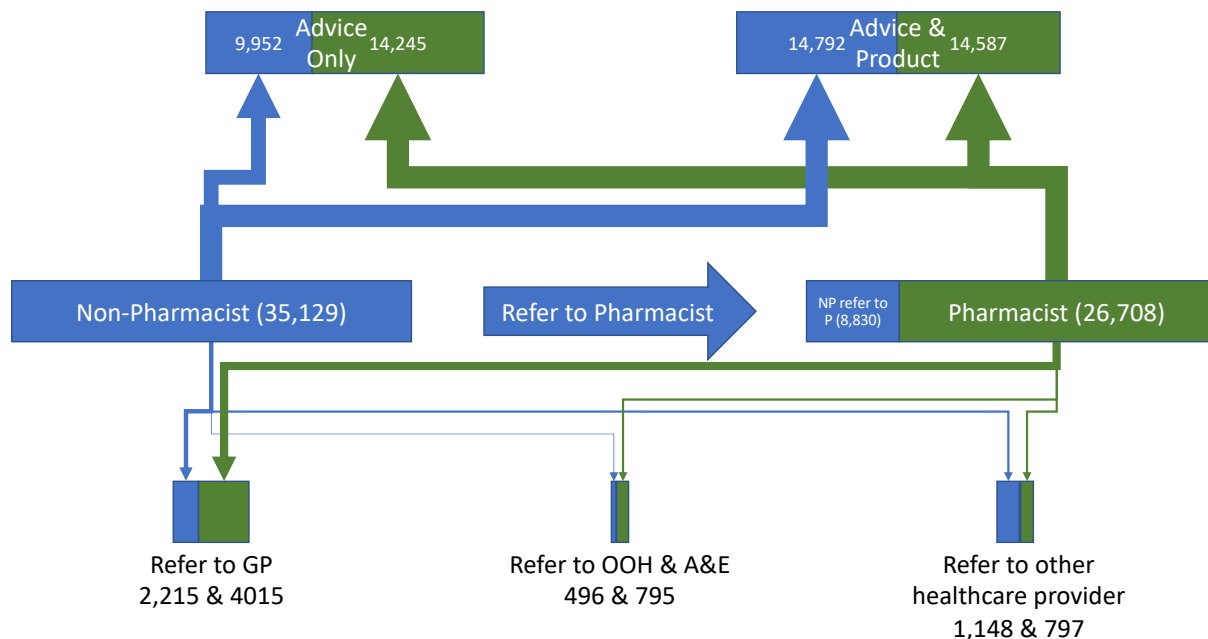
Consultations initiated with the pharmacist are also 61% more likely to result in a referral to the GP (12.6% compared to 7.8%) (Figure 9). Importantly, 85% of all consultations are concluded in the pharmacy without the need to refer the patient to another healthcare setting.

Figure 9



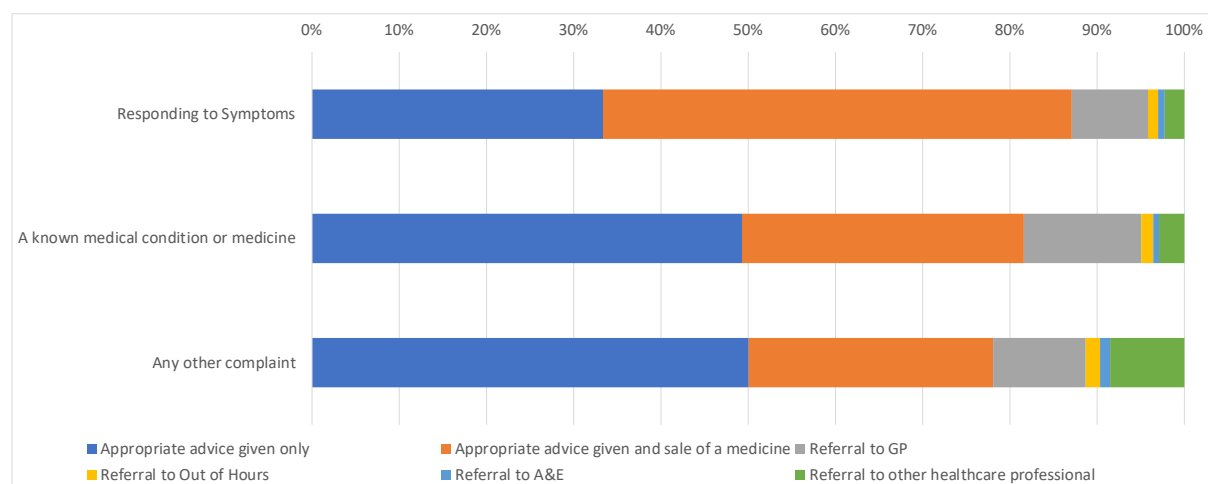
The outcome of the consultation can also be represented by a pictorial flow diagram to show the flow of patients (Figure 10). This diagram shows that most consultations in the pharmacy are successfully managed to conclusion by the pharmacy team, with very few being referred elsewhere.

Figure 10



The outcome of the consultation was also compared to the presenting complaint (Figure 11). In 33% of responding to symptoms cases, the outcome is advice alone, which increases to 49% and 50% respectively for consultations about a known medical condition or any other complaint. 54% of responding to symptoms consultations are concluded with advice with the sale of a medicine.

Figure 11



### Urgency of referral

The audit also aimed to look at the level of acuity of the patient's need by examining the urgency of any referrals made to other healthcare professionals. Of the 9,480 referrals

made, **26%** were deemed to be urgent referrals, with **74%** non-urgent. When consideration is given to the differing types of presenting complaint, no significant difference in referral rates is noted (Figure 12). However, when the eventual end point of the referral is considered, a significant change can be seen from **25%** of referrals to a GP being urgent, to **75%** of referrals to A&E being urgent (Figure 13). However, it is recognised that only a small number of referrals were made to A&E, and it is expected that these would be the more severe cases.

Figure 12

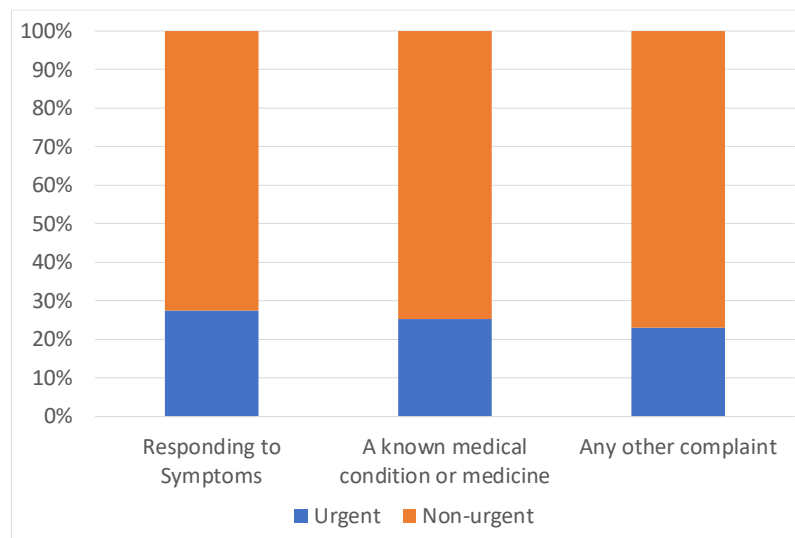
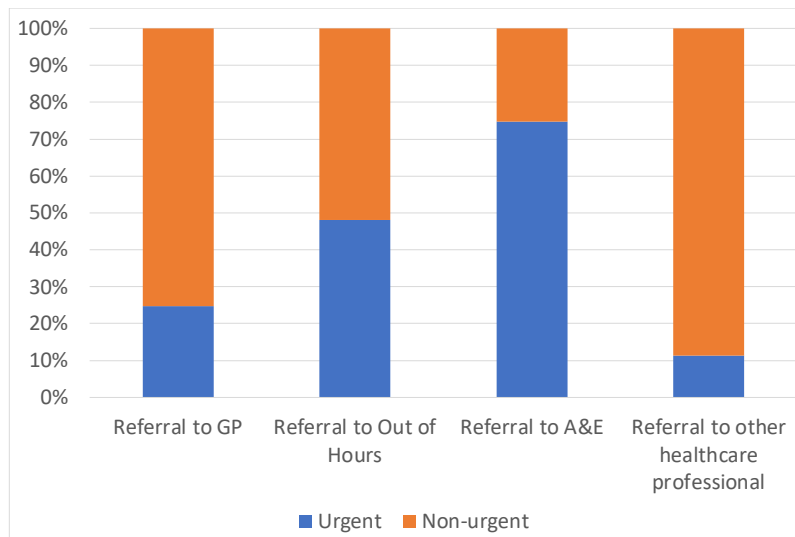


Figure 13



### Alternatives

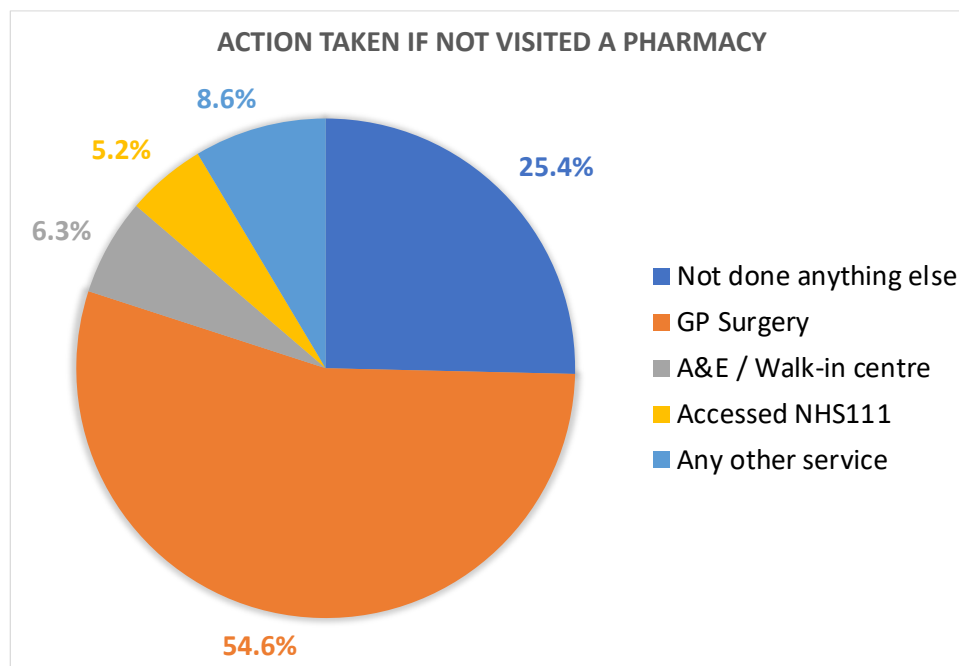
The pharmacies were asked to record the action the patient would have taken had they not been able to visit the pharmacy, and the results are shown in Figure 14. **54.6%** (33,781) of people reported they would have visited their GP surgery had they not been able to visit their community pharmacy.

Therefore, community pharmacy is now **saving 725,162 GP surgery appointments per week** (n=1,327,428, 54.6%), which equates to an **additional 115.2 appointments per surgery per**



**week** in England (n=6,295 surgeries) if the community pharmacy was not able to see the patient.

Figure 14



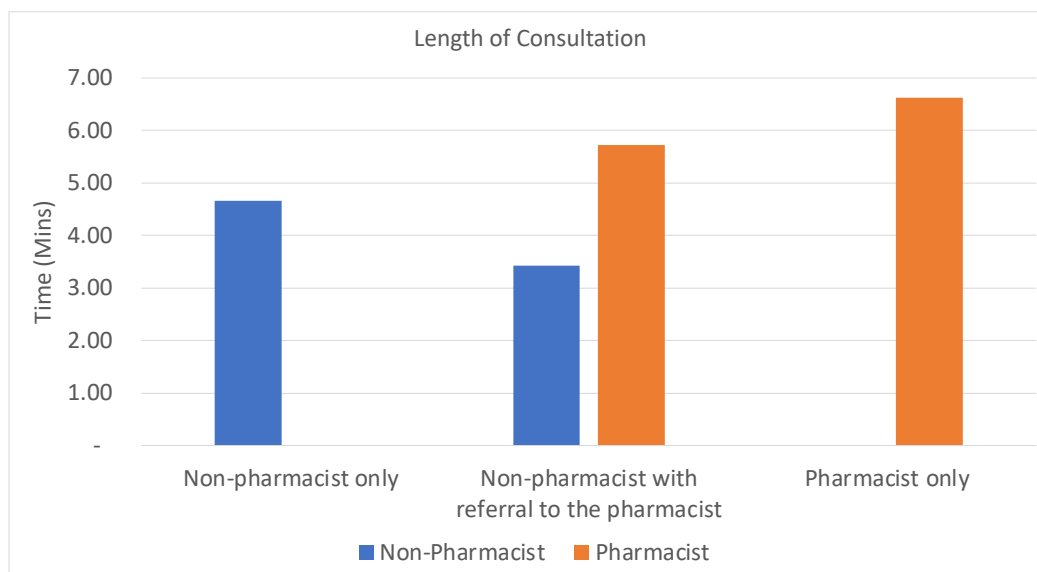
Patients choosing to access A&E / Walk-in centre was 6.3% and represents an **additional 82,247 attendances** per week across England if patients were not able to access their pharmacy. Lastly, patients suggesting they would access NHS 111 was 5.2%.

#### Duration

The average consultation time with a non-pharmacist was **4.67 minutes** (Figure 15) and the pharmacist consultation time was on average **6.62 minutes**. It is also important to include the consultation time for the 14% of consultations which were initiated with the non-pharmacist and referred to the pharmacist. These were on average **9.15 minutes** and were split between 3.42 minutes with the non-pharmacist and 5.72 minutes with the pharmacist.

On average, regardless of which pharmacy team members were involved, a total of **6.15 minutes were spent on each consultation**, meaning the **average pharmacy consults for 133.4 minutes per day with patients** (n=21.7 consultations per day). This represents an increasing overall time per day as follows:

Figure 15



A detailed review of the time taken for each different presenting complaint can be seen in Appendix 3 (Pharmacist initiated) and Appendix 4 (Non-pharmacist initiated). These two appendices break down the different length of time spent by each colleague according to whether the patient presented in person for a face-to-face consultation, was on the phone or was consulted with online. For example, online consultations seem to take on average longer than their respective face to face or telephone consultations (although the sample size for online is very small)

## Review of the previous Community Pharmacy England Pharmacy Advice Audits

In the summer of 2020, the winter of 2021 and the winter of 2022, PSNC (now Community Pharmacy England) undertook three audits across all English community pharmacies with the data received and conclusions drawn supportive of the impact pharmacies have on their local communities.<sup>5</sup>

A summary of the audits is as follows:

- Summer 2020
  - Over **9,400 pharmacies** took part and recorded data on **198,043 patient consultations** equating to 14.9 consultations per day
  - Around **75 minutes per day** per pharmacy is spent providing consultations with **fewer than 10%** being referred to the patient's GP, yet **49% of patients** reported that if the pharmacy had not been there, they would have visited their GP **saving nearly 492,000 additional GP appointments** per week
- Winter 2021
  - **5,830 pharmacies** took part and recorded data on **114,898 patient consultations** equating to 16.9 consultations per day
  - Around **90 minutes per day** per pharmacy is spent providing consultations with **over 11% informally referred** from the GP (9%) or NHS 111 (2.5%). Almost a quarter of consultations also included a **discussion relating to COVID-19** and these consultations took on average 20% longer. Lastly, almost **half the patients** reported that had they not been able to visit their

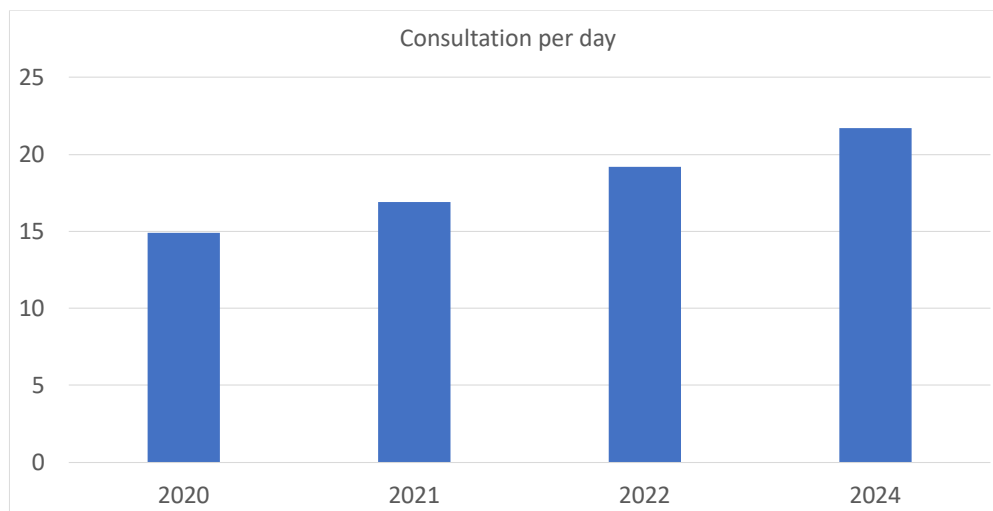
pharmacy, they would have visited their GP saving more than **558,000 additional GP appointments** per week.

- Winter 2022
  - Over **4,130 pharmacies** took part and recorded data on **82,872 patient consultations** equating to 19.2 consultations per day
  - Around **107 minutes per day** per pharmacy is spent providing consultations with **over 11.8% informally referred** from the GP (6.8%), NHS 111 (2.5%) or another healthcare setting (2.5%).
  - Lastly, almost **half the patients (49.8%)** reported that had they not been able to visit their pharmacy, they would have visited their GP saving nearly **620,000 GP appointments** per week.

In the following section, comparisons are reviewed to demonstrate changes over time.

Results from previous years audits 2020, 2021 and 2022 showed that 14.9, 16.9 and 19.2 consultations per day were carried out by the average community pharmacy. 2024 therefore, represents an overall increase, demonstrating that communities view their pharmacy as an increasingly vital element of healthcare, as compared to previous years, they are using it more frequently. Figure 16 shows the increase which represents a 46% increase from 2020 to 2024 in the number of people accessing community pharmacy for informal consultations.

Figure 16



If the patients had not been able to access their pharmacy, in the majority of instances, they would have visited their GP practice, meaning pharmacies play a vital role in the community by reducing the demand for and the number of GP appointments.

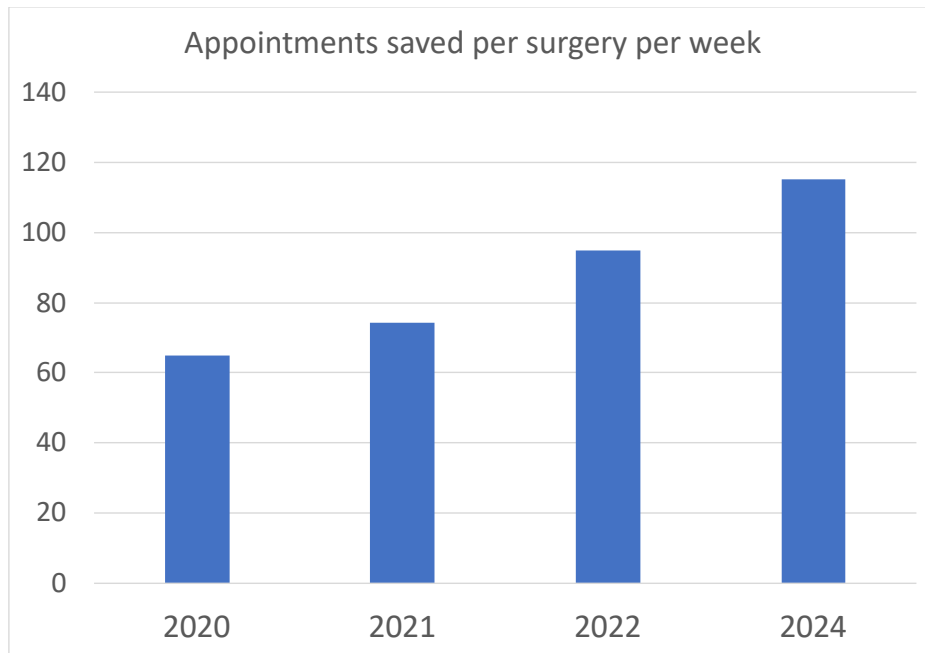
A summary of the changes over the years is as follows (Figure 17):

- 2020 – **491,600** – saving an **additional 65 appointments** per surgery per week (surgeries=7,500)
- 2021 – **558,268** – saving an **additional 74.4 appointments** per surgery per week (surgeries=7,500)

- 2022 – **619,062** – saving an **additional 94.8 appointments** per surgery per week (surgeries=6,527)
- 2024 – **725,162** – saving an **additional 115.2 appointments** per surgery per week (surgeries=6,295)

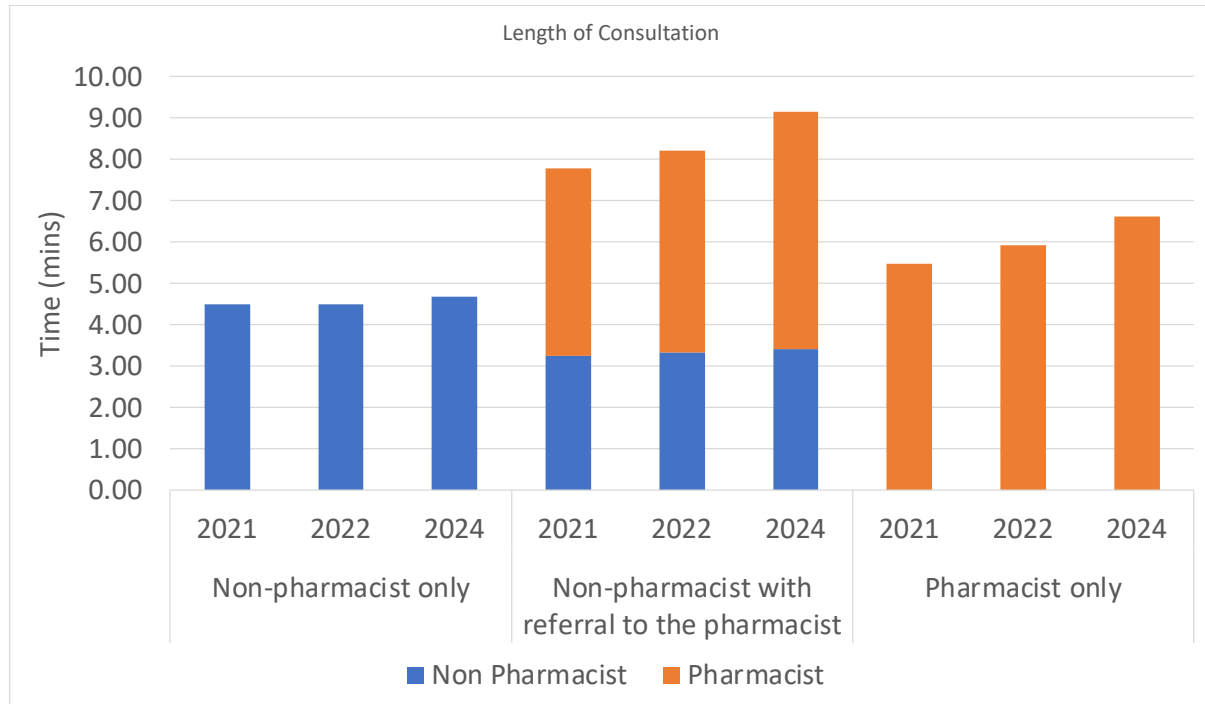
In the four years since the 2020 audit took place, community pharmacy has saved general practice a further **47% increase** in patients accessing their services (n=491,600 up to 725,162).

Figure 17



The audits have also shown a significant increase in overall consultation time. When the consultation time from the 2021, 2022 and 2024 audits are viewed together, the increase in consultation length becomes more apparent. The average consultation length with the pharmacist has risen by over a minute from 2021 to 2024 (Figure 18).

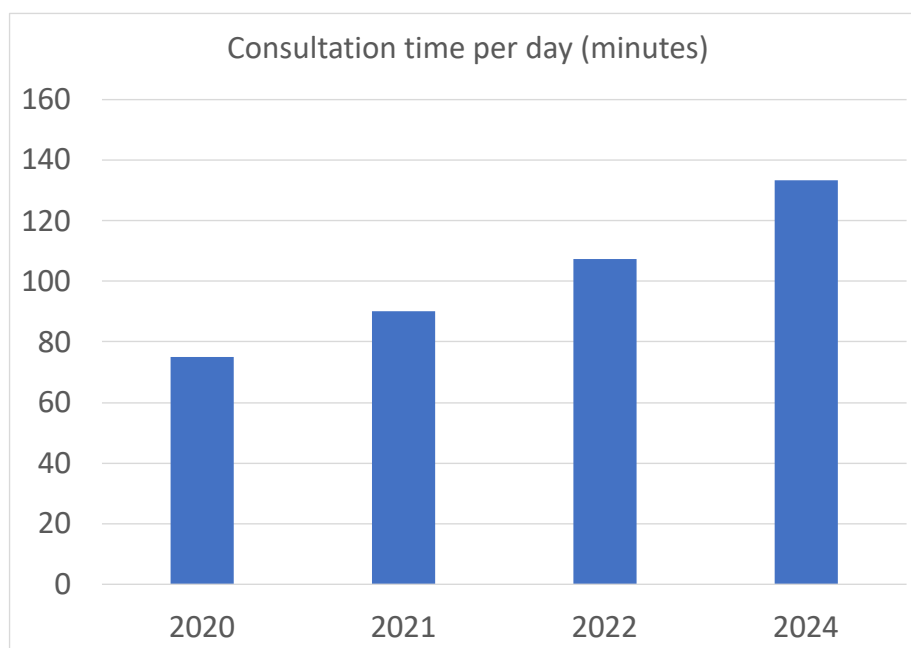
Figure 18



Overall, the average total consultation length has risen over the past four years with 133.4 minutes per day on average spent consulting with patients. The increase can be seen in Figure 19.

- 2022 = 107.3 minutes per day; 24% increase
- 2021 = 90.1 minutes per day; 48% increase
- 2020 = 75 minutes per day; 78% increase

Figure 19



## Discussion

Community pharmacies are now **providing 13% more consultations per day** than they were two years ago and nearly **50% more per day than four years ago** due to their accessible, highly skilled teams being able to see patients and provide for their needs at a time convenient to the patient. Each week **over 1.3m people** are presenting to their pharmacies with 85% of consultations concluded in the pharmacy with advice alone or advice with the sale of a medicine. This demonstrates the value local communities place on their pharmacy and how they are an integral part of the NHS landscape. Without these pharmacies, **over 115 additional GP appointments per surgery** would be required weekly to provide the care for these communities. Pharmacies are delivering these services to patients who in 15% of cases do need to be seen by another healthcare professional due to the severity or complexity of the condition, of which 26% of these patients need to be seen urgently.

GP surgeries and NHS 111 are still however informally referring patients to their local community pharmacy and are still bypassing the NHS Pharmacy First service in nearly 150,000 cases per week therefore removing **nearly £115.5m** worth of funding from the pharmacy network, whilst simultaneously **increasing the clinical risk** of these patients being missed in the system due to no formal referral being made.

This audit, along with the audits in 2022, 2021 and 2020, has demonstrated how the public are **increasing their use of community pharmacies as the front door of the NHS**. It also demonstrates how pharmacies support the public by providing services above and beyond those commissioned directly by NHS England as part of the NHS Community Pharmacy Contractual Framework.

## Conclusion

Community pharmacy is the most accessible healthcare setting offered by the NHS, however it is often the most undervalued. This audit, supported by the 2022, 2021 and 2020 audits, shows the invaluable role the sector plays and why it should be appropriately recognised and remunerated by HM Government and the NHS.

## Acknowledgments

Support was provided to develop this audit from Community Pharmacy England. Promotion of the audit and completion by the pharmacies was supported by Community Pharmacy England, Local Pharmaceutical Committees, pharmacy companies and other national pharmacy bodies.

The implementation and quality of data within this report has been enhanced by the feedback and support provided. Thank you.

Appendix 1  
 Audit data collection form

Date of audit \_\_\_\_\_

First contact with patient		Type of consultation			Presenting Reason				Presenting Complaint			Outcome						What would the patient have done if they hadn't contacted the pharmacy?				Consultation Time (mins)																									
Pharmacist	Non-Pharmacist	Phone	Face to Face	Online	Self-refer	Referral From			Unable to access other health setting	Responding to Symptoms	An existing medical condition or medicine	Other	Appropriate advice given only	Appropriate advice given and sale of a medicine	Referral						Urgent	Non-urgent	Not done anything else	GP Surgery	A&E / Walk in centre	Accessed NHS111	Other	Pharmacist	Non-pharmacist																		
						GP	NHS111	Other							Pharmacist (if applicable)	GP Surgery	Out of Hours (inc minor injury)	A&E	Other	Referral Urgency																											

Appendix 2

Audit data collection form: Example of how to complete

Date of audit \_\_\_\_\_

First contact with patient		Type of consultation			Presenting Reason				Presenting Complaint			Outcome						What would the patient have done if they hadn't contacted the pharmacy?				Consultation Time (mins)						
Pharmacist	Non-Pharmacist	Phone	Face to Face	Online	Self-refer			Unable to access other health setting	Responding to Symptoms	An existing medical condition or medicine	Other	Appropriate advice given only	Appropriate advice given and sale of a medicine	Referral				Urgent	Non-urgent	Not done anything else	GP Surgery	A&E/ Walk in centre	Accessed NHS111	Other	Pharmacist	Non-pharmacist		
					GP	NHS111	Other							Pharmacist (if applicable)	GP Surgery	Out of Hours (inc minor injury)	A&E										Other	
✓		✓			✓					✓	✓									✓							6	
	✓		✓				✓	✓			✓						✓						✓				5	4
✓		✓	✓			✓			✓			✓								✓	✓						5	5
												✓								✓							7	



Appendix 3

Section Total				5,729	5,729			361	38,578		
				No. of interactions	Ave Time (mins)		No. of interactions	Ave Time (mins)	Additional onward referral	Total Time (mins)	
		No. of interactions	5,729	Responding to Symptoms	3,157	6.89	Appropriate advice given only	2,114	6.60	157	13,949
		Ave Time (mins)	6.73				Appropriate advice given and sale of a medicine	691	7.42	22	5,128
							Referral to other healthcare professional only	352	7.59	N/A	2,673
				A known medical condition or medicine	1,842	6.64	Appropriate advice given only	1,412	6.28	132	8,865
							Appropriate advice given and sale of a medicine	185	8.35	12	1,545
							Referral to other healthcare professional only	245	7.45	N/A	1,826
				Any other complaint	730	6.29	Appropriate advice given only	518	5.87	33	3,043
							Appropriate advice given and sale of a medicine	49	7.00	5	343
							Referral to other healthcare professional only	163	7.40	N/A	1,206
				20,751			20,751			1,155	136,666
				No. of interactions	Ave Time (mins)		No. of interactions	Ave Time (mins)	Additional onward referral	Total Time (mins)	
	No. of interactions		26,661	Responding to Symptoms	14,985	6.44	Appropriate advice given only	5,019	6.13	524	30,751
	Ave Time (mins)		6.62				Appropriate advice given and sale of a medicine	8,554	6.42	251	54,912
							Referral to other healthcare professional only	1,412	7.72	N/A	10,902
		No. of interactions	20,751	A known medical condition or medicine	3,906	6.92	Appropriate advice given only	1,975	6.64	217	13,118
		Ave Time (mins)	6.59				Appropriate advice given and sale of a medicine	1,472	6.85	67	10,077
							Referral to other healthcare professional only	459	8.31	N/A	3,815
Pharmacist				Any other complaint	1,860	7.04	Appropriate advice given only	889	6.59	76	5,855
							Appropriate advice given and sale of a medicine	688	7.30	20	5,025
							Referral to other healthcare professional only	283	7.81	N/A	2,211
				181			181			7	1,375
				No. of interactions	Ave Time (mins)		No. of interactions	Ave Time (mins)	Additional onward referral	Total Time (mins)	
		No. of interactions	181	Responding to Symptoms	104	8.41	Appropriate advice given only	45	7.64	2	344
		Ave Time (mins)	7.60				Appropriate advice given and sale of a medicine	48	9.10	2	437
							Referral to other healthcare professional only	11	8.55	N/A	94
				A known medical condition or medicine	41	7.37	Appropriate advice given only	21	7.43	2	156
							Appropriate advice given and sale of a medicine	14	6.36	-	89
							Referral to other healthcare professional only	6	9.50	N/A	57
				Any other complaint	36	5.50	Appropriate advice given only	19	5.26	1	100
							Appropriate advice given and sale of a medicine	6	6.17	-	37
							Referral to other healthcare professional only	11	5.55	N/A	61

Appendix 4

		Section Total		5,026		4,650		1,336		346		21,171		7,736		28,907		
		No. of interactions	Ave Time (mins)			No. of interactions	Ave Time (mins)	Pharmacist Referrals	Ave P'cist time	Did the Pharmacist onward refer?	Total Staff Time	Total P'cist Time	Total Time (mins)					
Non-pharmacist	Phone	No. of interactions	5,026	4.79	Responding to Symptoms	2,385	4.79	Appropriate advice given only	1,469	4.87	255	5.98	64	7,160	1,525	8,685		
					Appropriate advice given and sale of a medicine	465	4.95	102	5.14	23	2,302	524	2,826					
					Referral to pharmacist only	322	3.66	322	6.25	89	1,177	2,012	3,189					
					Referral to other healthcare professional only	-	0.00	-	-	0	-	-	-					
		Ave Time (mins)	4.65	A known medical condition or medicine	1,471	4.61	Appropriate advice given only	979	4.62	214	5.07	45	4,521	1,084	5,605			
					Appropriate advice given and sale of a medicine	141	4.52	29	5.69	6	638	165	803					
	No. of interactions	35,071	29,957	4.41	4.41	Referral to pharmacist only	225	3.85	225	5.72	61	867	1,288	2,155				
						Referral to other healthcare professional only	-	0.00	-	-	0	-	-	-				
						Any other complaint	1,170	4.41	Appropriate advice given only	877	4.35	77	6.01	27	3,812	463	4,275	
						Appropriate advice given and sale of a medicine	74	4.72	14	5.79	2	349	81	430				
	Ave Time (mins)	4.36	4.30	4.49	4.49	Referral to pharmacist only	98	3.52	98	6.06	29	345	594	939				
						Referral to other healthcare professional only	-	0.00	-	-	0	-	-	-				
29,957						28,809		7,440		1875		122,819		42,488		165,307		
Non-pharmacist	Face to Face	No. of interactions	29,957	4.26	Responding to Symptoms	22,195	4.26	Appropriate advice given only	6,007	4.28	1,225	5.13	346	25,685	6,279	31,964		
					Appropriate advice given and sale of a medicine	13,452	4.32	2,155	5.04	362	58,134	10,870	69,004					
					Referral to pharmacist only	2,091	3.48	2,091	6.53	604	7,270	13,655	20,925					
					Referral to other healthcare professional only	-	0.00	-	-	0	-	-	-					
		Ave Time (mins)	4.30	A known medical condition or medicine	4,768	4.41	Appropriate advice given only	1,744	4.66	407	5.43	106	8,126	2,210	10,336			
					Appropriate advice given and sale of a medicine	2,155	4.28	305	5.19	62	9,228	1,584	10,812					
	No. of interactions	35,071	29,957	4.49	4.49	Referral to pharmacist only	617	3.64	617	6.37	198	2,243	3,928	6,171				
						Referral to other healthcare professional only	-	0.00	-	-	0	-	-	-				
						Any other complaint	2,994	4.49	Appropriate advice given only	1,258	4.65	162	5.48	49	5,847	887	6,734	
						Appropriate advice given and sale of a medicine	1,158	4.36	151	5.48	32	5,047	828	5,875				
	Ave Time (mins)	4.36	4.30	4.49	4.49	Referral to pharmacist only	327	3.79	327	6.87	116	1,239	2,247	3,486				
						Referral to other healthcare professional only	-	0.00	-	-	0	-	-	-				
88						79		18		5		428		111		539		
Non-pharmacist	Online	No. of interactions	88	5.22	Responding to Symptoms	51	5.22	Appropriate advice given only	23	5.78	4	5.00	2	133	20	153		
					Appropriate advice given and sale of a medicine	19	4.79	1	3.00	0	91	3	94					
					Referral to pharmacist only	6	3.17	6	6.67	3	19	40	59					
					Referral to other healthcare professional only	-	0.00	-	-	0	-	-	-					
		Ave Time (mins)	5.47	A known medical condition or medicine	25	5.64	Appropriate advice given only	13	5.77	3	8.33	0	75	25	100			
					Appropriate advice given and sale of a medicine	5	7.60	-	-	0	38	-	38					
	No. of interactions	35,071	29,957	6.17	6.17	Referral to pharmacist only	3	3.33	3	4.33	0	10	13	23				
						Referral to other healthcare professional only	-	0.00	-	-	0	-	-	-				
						Any other complaint	12	6.17	Appropriate advice given only	6	6.33	-	-	0	38	-	38	
						Appropriate advice given and sale of a medicine	3	6.33	-	-	0	19	-	19				
	Ave Time (mins)	4.36	4.30	4.49	4.49	Referral to pharmacist only	1	5.00	1	10.00	0	5	10	15				
						Referral to other healthcare professional only	-	0.00	-	-	0	-	-	-				
88						79		18		5		428		111		539		