



# The Pharmacy First Service Survey

Majority call for second pharmacist to ensure safe workloads, improve patient care, and support sustainable service expansion

## Summary

**A recent snapshot survey of PDA members in January 2025 highlighted some challenges experienced by frontline pharmacists, as well as hearing their suggestions for operational and service improvements.**

Headlines;

- Despite the service being funded outside of the existing pharmacy contractual framework and funding envelope, 93% of the PDA members responding to the survey saw no increase in staffing levels to deliver the new service, and 65% received no protected time (or additional payment if outside of work hours) to complete essential training.
- 75% do not believe that the pharmacies in which they work are adequately staffed to safely deliver Pharmacy First and other NHS contracted services.
- Most respondents supported the expansion of the service but the majority of those called for certain caveats to be in place. Examples include the assurance of protected learning time, or a second pharmacist being in place in their pharmacy to deal with the additional work and maintain patient safety levels.
- 98% of respondents believe that representatives of the pharmacist workforce should be part of discussions with the NHS/Government and employer organisations when service expansions or new services are being considered.

## Introduction

The first anniversary of the Pharmacy First Service in England provides an opportunity for the PDA to survey its members to hear about their views and experiences of delivering the service to patients. This follows a Pharmacy First pre-launch survey in January 2024, which aimed to understand the preparedness and concerns among the workforce ahead of a hurried implementation. See the results [here](#).

Analysis of NHS data shows the increase in workload following the introduction of Pharmacy First, with the service alone likely to exceed five million consultations in the first 12 months. Read the PDA report [here](#).

The PDA conducted an online snapshot survey for members in England, between 16 January and 26 January 2025, with 924 responses. There was around a 50% split between employed and locum pharmacists responding, and over 50% of those completing the survey worked in community pharmacies for more than 31 hours each week.

## Support for the Pharmacy First Service

In the January 2024 PDA survey, which took place before the service commenced, 8% of respondents strongly agreed/agreed with the principle of Pharmacy First. 84% strongly agreed/agreed that it could improve patient care, and a similar 77% said that it could improve professional fulfilment for pharmacists.

**In January 2025, support for the service in principle remained positive overall, with 69% of respondents supporting the continuation of a Pharmacy First service in England.**

Comments included the need for some service improvements to be introduced around the referral process, for the service to be resourced appropriately to relieve pressure on workload, and to remove payment thresholds as this introduces commercial incentives and leads to target setting. Anti-microbial stewardship was also an area that pharmacists wanted more of a focus on and is an area they considered to be influenced by targets from pharmacy owners.

The report will later outline responses in more detail about suggested improvements.

## Training

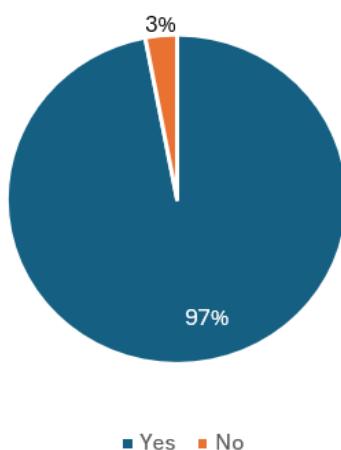
Access to training and time to complete it ahead of the service launch were significant concerns for PDA members in January 2024.

The volume of training and the number of services being introduced at once were considerable, and many pharmacists were worried about when and how they would be able to undertake the necessary training for the seven clinical conditions and the associated PGDs.

**In 2025, when asked whether their employer or any company they have worked for in the last 12 months had provided protected learning time (during your contracted hours) or payment (to complete any learning needed) to undertake any Pharmacy First training over two-thirds of respondents said they had not.**

Only 22% of respondents in 2025 felt that the pharmacies and the pharmacy support staff where they worked were ready and well prepared for the launch of the Pharmacy First service on 31 January 2024.

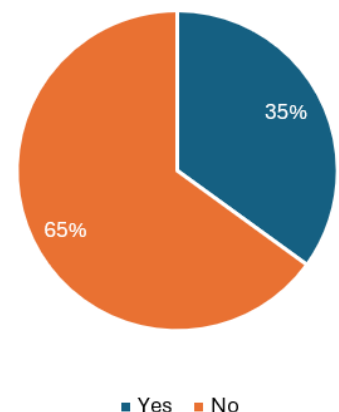
Comments from respondents included that the service felt imposed, that there were too many clinical conditions introduced at the same time and that the training requirements were too rushed. Others commented on the timing of the introduction of the service being in the peak winter period/vaccination season and over the Christmas holidays, adding additional time and resource constraints.



Concerns also included that the quality of the Acute Otitis Media clinical pathway training was unsatisfactory. Other responses included that pharmacists learned 'on the job' as the training was inadequate.

Some respondents felt that in addition to pharmacist and support staff training, some GP practices and NHS111 teams could have received more training to ensure appropriate referrals to Pharmacy First.

**When asked about potential service expansion and whether paid or protected training time should be mandated to be provided for all pharmacists and support**



**staff to deliver the new/additional pathways/conditions, 97% of respondents agreed.**

Locum pharmacists commented that it was difficult to undertake the extensive training when the service was introduced at such short notice and without any payment for the significant time commitment and loss of earnings.

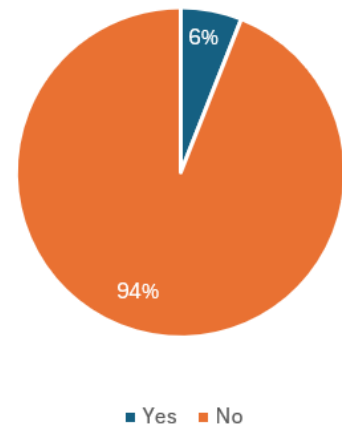
In addition, some respondents who work part-time and with other commitments outside of their work found the time pressures around training stressful.

## Staffing

In the 2024 survey, 49% of respondents said they did not have sufficient staff to safely provide existing services (i.e. before the Pharmacy First Service was introduced).

To understand whether pharmacists' concerns about staffing levels a year ago were justified, the 2025 survey asked, whether they have seen an increase in pharmacist or support staff hours to enable the safe delivery of the Pharmacy First service.

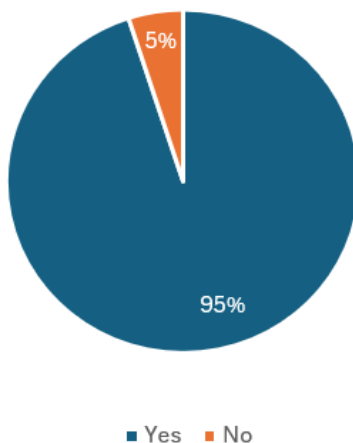
**94% of respondents have not seen any increases in staffing levels following the introduction of the Pharmacy First service. This is against the backdrop of NHS data, which shows that over three million Pharmacy First consultations have been provided in the first nine months alone.**



Comments included;

- “No extra staff have been provided, so we are expected to incorporate Pharmacy First alongside all our other professional and legal responsibilities.”
- “Sometimes I feel so stressed especially when I receive up to 20 referrals for Pharmacy First and minor ailments.”
- “If anything, staffing levels have reduced in the last year and my workload has significantly increased.”

**Three quarters of respondents to the 2025 survey said that they did not feel that the pharmacy/pharmacies where they work are adequately staffed to provide Pharmacy First and other services safely.**



Comments included;

- “There should be two pharmacists on during core hours, one watching the pharmacy and dealing with queries etc, and the other completing the services.”
- “Sometimes workload is huge but patient care comes first.”
- “Some pharmacies are a week behind on the usual workload. There isn't second pharmacist cover in most places on providing the services. Sale of medicines with inadequately trained staff and other pharmacist related functions come to a

*halt while pharmacy first services are given. The constant manic pace is not sustainable.”*

According to NHS data, some pharmacies undertake many hundreds of Pharmacy First consultations each month in addition to other pharmacy services. The PDA asked whether members thought that minimum staffing levels should be mandated, so that the service can be safely delivered together with other contractual services.

**95% of survey respondents were in favour of mandated staffing levels to ensure that the Pharmacy First service and other contractual services could be safely delivered.**

Comments included;

- *“Having enough staffing levels will help to achieve more consultations. Having clinic times with a second pharmacist will definitely help.”*
- *“An algorithm of skill-mix is essential and should be adhered to, to ensure safety of essential services running in the background of other services.”*
- *“However, the NHS should be paying for it not the contractors themselves. But ultimately you need another pharmacist to be paid for.”*

## Targets and pressure to deliver the Pharmacy First Service

In February 2024, the PDA highlighted its concerns about inappropriate business behaviours that might jeopardise the Pharmacy First service, that would not be in patients' interests, or that could damage the profession's reputation. Read more [here](#).

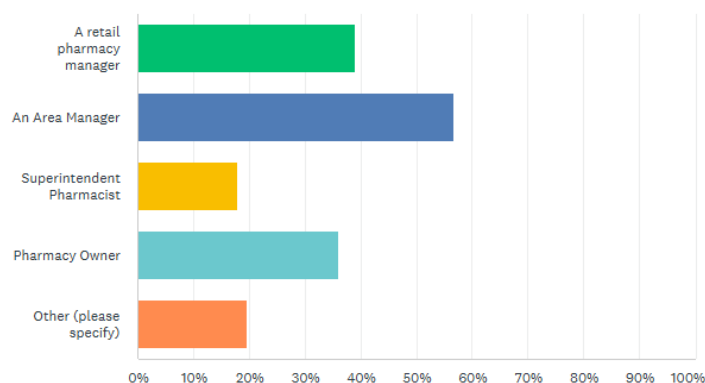
Subsequently, the PDA has been made aware of pressure being placed on some members to deliver targeted consultation numbers as some contractors have struggled to meet the consultation thresholds for Pharmacy First, which are attached to payments.

The PDA's most recent survey asked respondents whether they had been put under pressure to undertake Pharmacy First consultations, for example so that the pharmacy can reach the threshold number for payment from the NHS?

**73% of respondents said that they have been put under pressure to undertake Pharmacy First consultations. As a follow-up question, respondents were asked the source of the pressure. Almost 60% said that pressure to meet targets came from Area Managers.**

Comments included;

- *“Non clinical staff put pharmacists under immense pressure to the point of demanding pharmacists recruit patients by standing outside the store speaking to people passing by.”*
- *“I'm a locum, with regular bookings at certain pharmacies. There are targets set by Head Office, although I deliver what I can, I do not have any direct pressure from management.”*



- *“The pressure is there every month to reach a figure which feels wrong, it should be pharmacist lead.”*

## Managing patient expectations

To understand where improvements could be made in managing patient expectations and making the patient journey as smooth as possible, the PDA asked members what measures they thought would help to better manage patient expectations about Pharmacy First and the supply of medicines.

**While only 2% thought that no improvements were needed, having more apparent advertising of the Pharmacy First service to highlight that a supply of medicine is dependent on the outcomes of a consultation with a pharmacist (88%), and explicit information from referring GP practices to highlight that medicine supply is subject to the consultation with a pharmacist (90%) were both considered to be beneficial in managing patient expectations.**

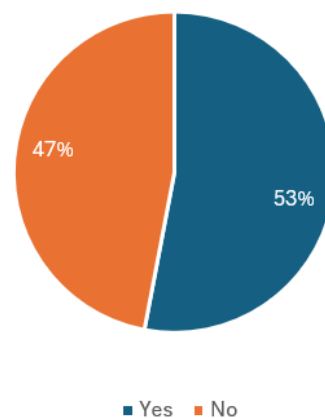
Comments included;

- *“The way the service has been advertised is ridiculous and has directly led to many problems encountered by pharmacies across the country. For example, advertising the Otitis Media pathway with an adult (when the service is only available to children aged between 1 and 17 years).”*
- *“Clearer information on the PGD exclusions (gender, age, etc.).”*
- *“Better training for surgery staff who signpost patients to us. I have never received a formal referral.”*
- *“Clearer information from referring GP practices to highlight that medicines supply is subject to consultation with a pharmacist.”*
- *“Not linking the service to antibiotic supply.”*

Understanding that many Pharmacy First consultations need to satisfy gateway criteria, and often result in the provision of advice only, rather than a supply of medicine, the PDA asked members whether they personally, or the staff where they work, had been verbally abused, threatened, or felt intimidated by patients or their carers when a consultation did not meet the gateway criteria, or a supply was not deemed appropriate.

Comments included;

- *“I’ve been shouted at several times. And many patients have argued that they have been told we can give them antibiotics by NHS111, GP and the media but we have “refused”. One gentleman was very abusive and refused to leave the shop until he was given antibiotics, I had to stand firm, and the gentleman finally left.”*
- *“I have not, but a lot of patients are frustrated because they are being sent to us only to be told they don’t fit the criteria.”*
- *“Patients automatically expect medication especially antibiotics EVERY time.”*
- *“Patients expectations of the service are not always realistic and often are told by GP surgery staff to go to pharmacy to get antibiotics whether the service is available or whether antibiotics are appropriate for us to supply. They also expect to walk in and*



*be seen straight away despite how busy pharmacy might be, what other situations are being handled by the pharmacist at the time.”*

- *“The patients have been very gracious and accept we can only work according to the gateway criteria .. and guidelines. I think there has been confusion, where patients think we can treat much more than the 7 conditions.”*

## Future expansion of the Pharmacy First Service

In his review<sup>1</sup> of the NHS following the change of government in 2024, Lord Darzi identified that, *“there is huge potential for a step change in the clinical role of pharmacists within the NHS. Expanded community pharmacy services are likely to include greater treatment of common conditions and supporting active management of hypertension,”*

**The PDA survey asked whether frontline pharmacists believe Pharmacy First should be expanded further and what changes or improvements they would want to see to support patient care and the effective delivery of the service. To the questions ‘would you support the addition of more pathways/conditions?’**

- **12% agreed that the service should be expanded,**
- **56% agreed, but said that there should be certain conditions in place, and**
- **32% disagreed with any further expansion of the service.**
- *“I support the expansion of pharmacy first service. However, there is so much time going into the documentation such as registering the patient first, then closing the page to go into another set of documentation. I feel the documentation should be in one page for easy time management.”*
- *“We are still getting used to examining patients for the 7 conditions we have right now to treat. If more conditions are rolled out, a second pharmacist should be present just to do Pharmacy First in an appointment basis for the same opening hours. More referrals will be coming from surgeries too.”*
- *Many pharmacies struggle to deliver basic, essential services due to chronic underfunding over many years which has led to a chronic lack of staff and a lack of morale amongst the sector as a whole. My experience is that patients want to be able to see a GP (or advanced nurse practitioner) and cannot understand why they cannot do so. They don't want to come to see a pharmacist who can only deliver a very tightly structured Pharmacy First service, with lots of restrictions on who can and can't be treated,”*

Where respondents said that there should be conditions in place before any service expansion, preferences were indicated, and multiple options could be selected. Below is a summary of the responses received:

Ability to electronically refer to GP practice for patients with certain red flags or for those not meeting the criteria for the pathway/PGD	81%
Protected learning time in support of new clinical pathways being introduced	76%
An increase in the number of trained and competent support staff working in community pharmacies	75%

<sup>1</sup> [Independent Investigation of the National Health Service in England](#)

A phased introduction of new clinical pathways	72%
A second pharmacist in pharmacies offering the Pharmacy First service	66%
Improved access to Pharmacy First training for locums	54%
Improvements to current IT systems to record and submit Pharmacy First consultations	46%
Avoidance of large-scale advertising campaigns so the service grows organically	45%
No additional measures required	3%

Comments included;

- *“Pharmacists are extremely capable with regards providing the pharmacy first service, the problems arise because we are limited to how much time we can spare. Other services are neglected if we are in the consultation room for 15+ minutes. 2 pharmacists are required but obviously can't be paid for without adequate funding.”*
- *“No pressure to get targets versus figures. The fact of being paid for a certain amount of pharmacy first makes it to lose its meaning and increase the pressure on the pharmacist. In my opinion the service should have a price as it does the NMS performance.”*
- *“A second pharmacist to deal with prescription items workload. When I have a lot of pharmacy firsts I don't have time to check prescriptions.”*
- *“Appropriate training, the lack of face-to-face training for e.g otoscope was evident when introduced last year although we were lucky as our ICB commissioned a face to face event.”*

## Managing workload

Following member feedback about their experiences of delivering the Pharmacy First service and its impact on workload, the PDA survey also asked members how they thought the Pharmacy First service should operate in the future to support workload predictability, capacity of premises, and quality of service for patients.

Having specific 'clinic times' in the pharmacy	61%
Booked appointments directly with the pharmacy	58%
Booked appointments via an integrated triage service	37%
Booked appointments via NHS app	26%
Pharmacy First should remain a purely walk-in service (no change)	25%
Other	13%

Other suggestions included;

- *“We should also be able to say if we don't have capacity for any further appointments that day.”*
- *“The ability to have appointments booked at specific times would make it easier to plan work in the pharmacy. Being able to plan times when Pharmacy First would not be available would be very helpful.”*
- *“Pharmacies should be running clinic times when second pharmacists are available for consultations. This could be managed locally so always a pharmacy available for these clinics.”*



- *“Pharmacist should be given appointment diary and protected time. Allowing patients to self-book, GP team and NHS 111 to book giving better visibility to service and better time management.”*

## The voice of the workforce

The PDA believes that any discussions involving community pharmacy service expansion or future contractual framework arrangement must include representatives of frontline pharmacists. They are directly engaging with patients and have a comprehensive understanding of the workforce and professional challenges, as well as opportunities, within England’s community pharmacies. Having their voices represented from the onset, critical in ensuring the effective delivery of initiatives, such as the Pharmacy First Service.

**98% of respondents to the PDA survey agreed that representatives of the pharmacist workforce should be part of discussions with the NHS and employer organisations around any further expansion of contractual services, including Pharmacy First. The PDA will continue advocating for this change in current and future discussions.**

The PDA would like to thank those who have taken the time to provide their views and feedback on this and previous surveys. The insights help to highlight important issues and raise concerns where appropriate, informing PDA policy around future workforce and service delivery considerations.

The information from this survey will be used by the PDA to specifically formulate recommendations for stakeholders regarding the next steps for the Pharmacy First service in England and shared with partner organisations to support their policy development.