



Pharmacy First

Healthwatch Wigan & Leigh

March 2026

Contents

• Background to Pharmacy first	1
• Our Plan	2
• Engagment	3
• Analytics	4-6
• Demographics	7-9
• Feedback	11-13
• Overall reviews	14
• Recommendations/Reporting	15



Background to Pharmacy First

GP access has been a critical pressure point in the NHS in recent years. Over the last five years, national data, Healthwatch reports and media coverage have all brought to light stories of people struggling to make appointments, GPs overwhelmed by demand, and patients facing long waiting times. In 2024, access to GP appointments was the most common issue people contacted Healthwatch about. Despite record numbers of GP appointments, Health Foundation research from November 2024 found that 38% of the public ranked GP access as the top NHS priority. The Department for Health and Social Care (DHSC) launched the Pharmacy First initiative in January 2024, a key part of the primary care recovery plan of May 2023, which identified expanding access to pharmacies as a key strategy for reducing demand for GP services. This enabled pharmacies in England to provide treatments for seven common ailments through the service. These are ear infections, impetigo, shingles, sinusitis, sore throat, infected insect bites and uncomplicated urinary tract infections (UTIs). Pharmacy First marked a significant shift in how community pharmacies work within the NHS. They moved from a traditional role of dispensing medicines to diagnosing and treating certain conditions themselves, without patients needing to see a GP first.



Our plan

Our Mission:

Our mission is to improve the Pharmacy First service so that residents across the borough receive consistently high-quality, timely, and accessible care from their local pharmacy. By strengthening pathways, supporting pharmacy teams, and working in partnership with the ICB and primary care, we aim to ensure people can get the right help close to home while easing pressure on GP and urgent care services.

How we did it:

- Survey form
- Social media
- Promotion on media platforms

Our Vision:

Our Vision is to run this project through social media to see what our response rate is and to see if we get a good audience reach on our platforms such as Facebook, Instagram, LinkedIn and X

How many people engaged in the project



Survey Completed

10

**Social Media
Comments**

4

During the time of the Pharmacy First Project we created a survey we collected 10 responses on the Survey and 4 via social media comments

How satisfied are people with their quality of service?

In our recent survey, all about Pharmacy First we learned that people were satisfied with some key points in within the service such as the length of time and the information provided during the consultation.

4. Please rate how satisfied you were or Dissatisfied with the following aspects with the service:

[More details](#)

● Very satisfied ● Somewhat satisfied ● Neither satisfied nor dissatisfied ● Somewhat dissatisfied ● Very dissatisfied

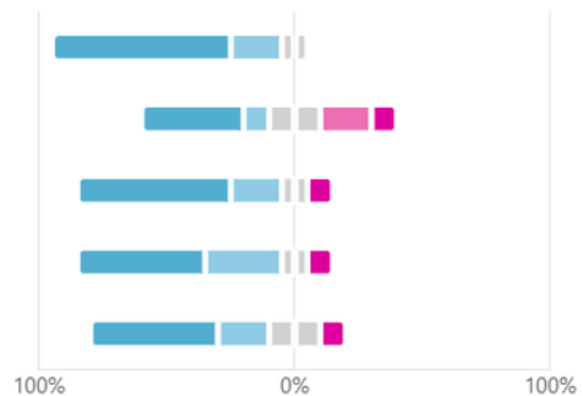
The length of time you had to wait for your Pharmacy First consultation

The privacy of the consultation room where you were seen

Whether the information provided by the Pharmacist was clear and understandable

Whether the Pharmacist provided you with enough information to meet your needs

The ability of the Pharmacist to answer any questions you had

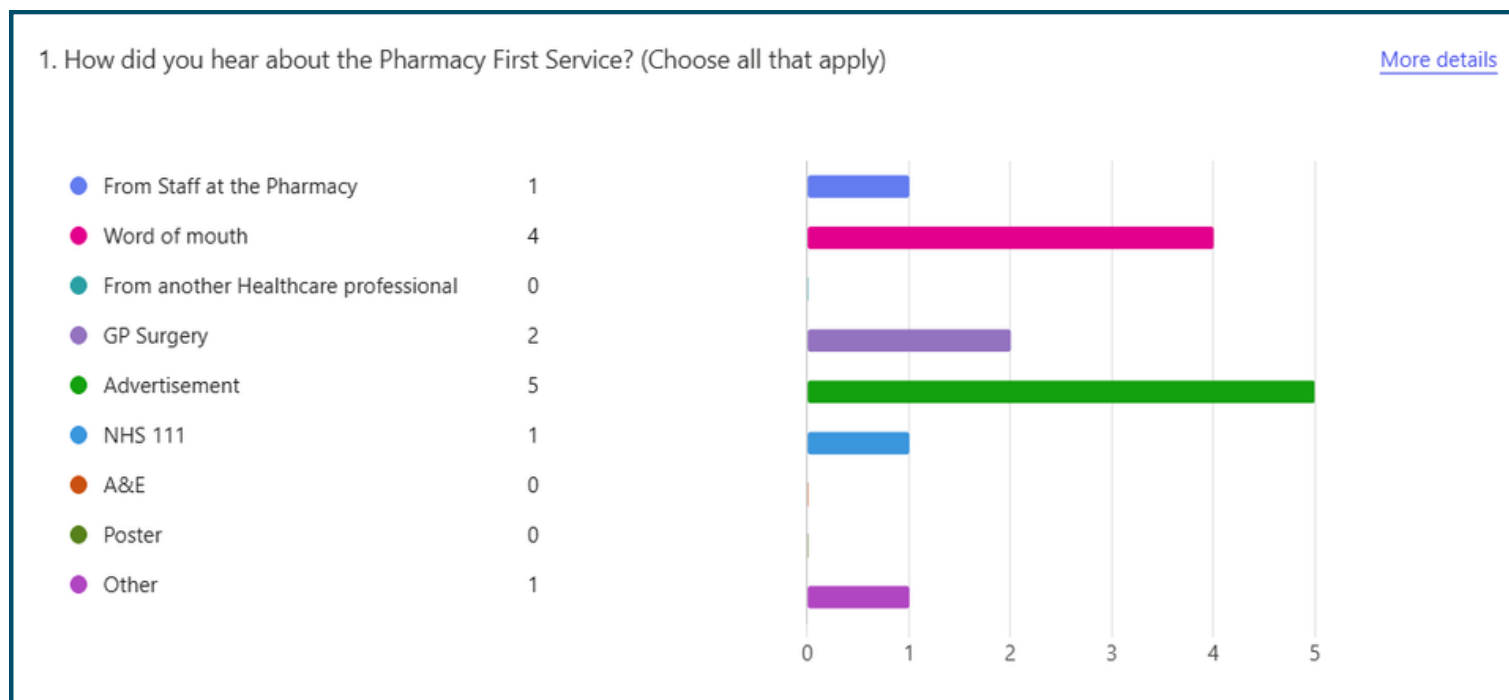


(Graph from Microsoft form's)

The results showed that most participants were satisfied with the length of time they waited for their consultation. However, a proportion of respondents expressed dissatisfaction with several aspects of the service, including the level of privacy in the consultation room, the quality of information provided, and the pharmacist's ability to effectively answer questions.

How did you hear about the Pharmacy First service?

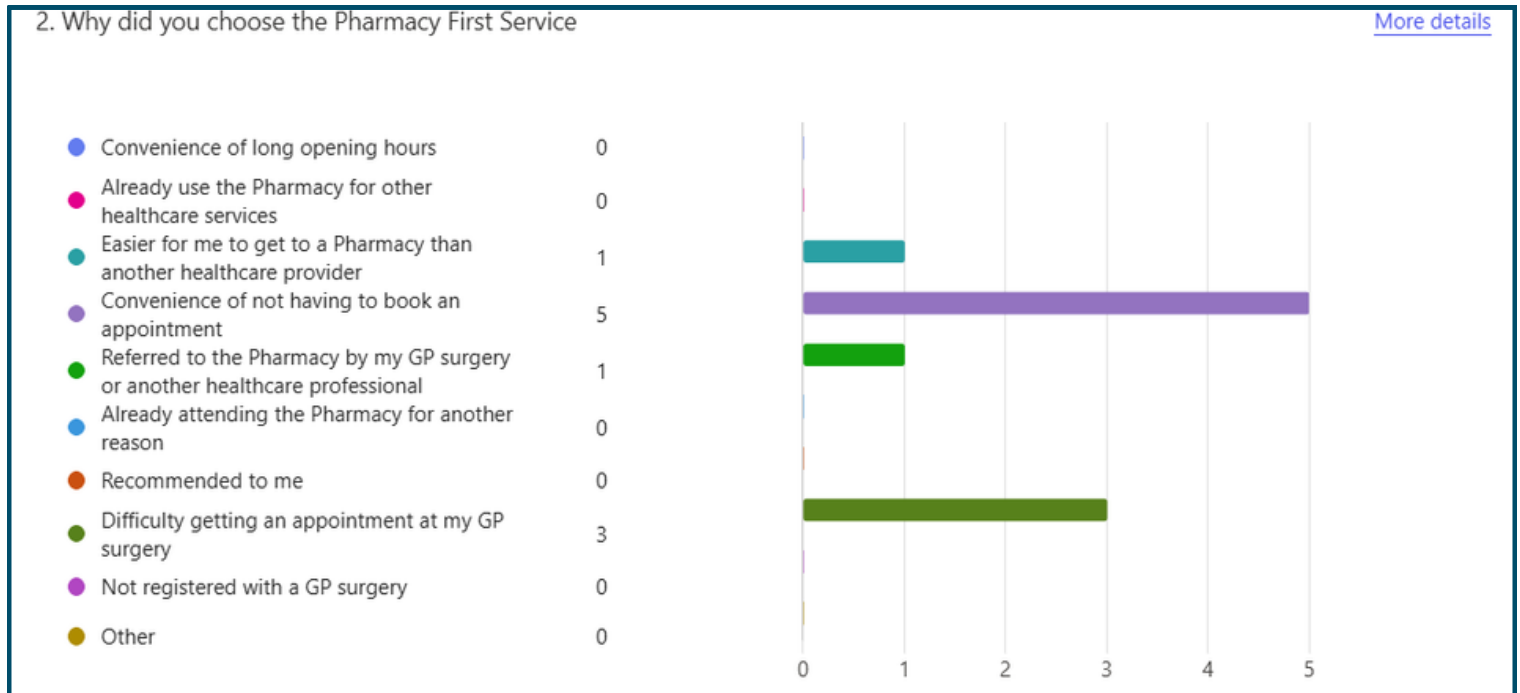
How did people hear about Pharmacy First?



(Graph from Microsoft form's)

The graph shows how respondents became aware of the Pharmacy First service. Participants were asked whether they had heard about the service through pharmacy staff, word of mouth, another healthcare professional, GP surgeries, advertisements, NHS 111, A&E, posters, or other sources. The findings indicate that advertisements were the most common source of awareness. These were mainly seen online, in community settings, and within GP practices, suggesting that public-facing promotional activity has played a key role in increasing awareness of the service.

Why did you choose the Pharmacy First service?

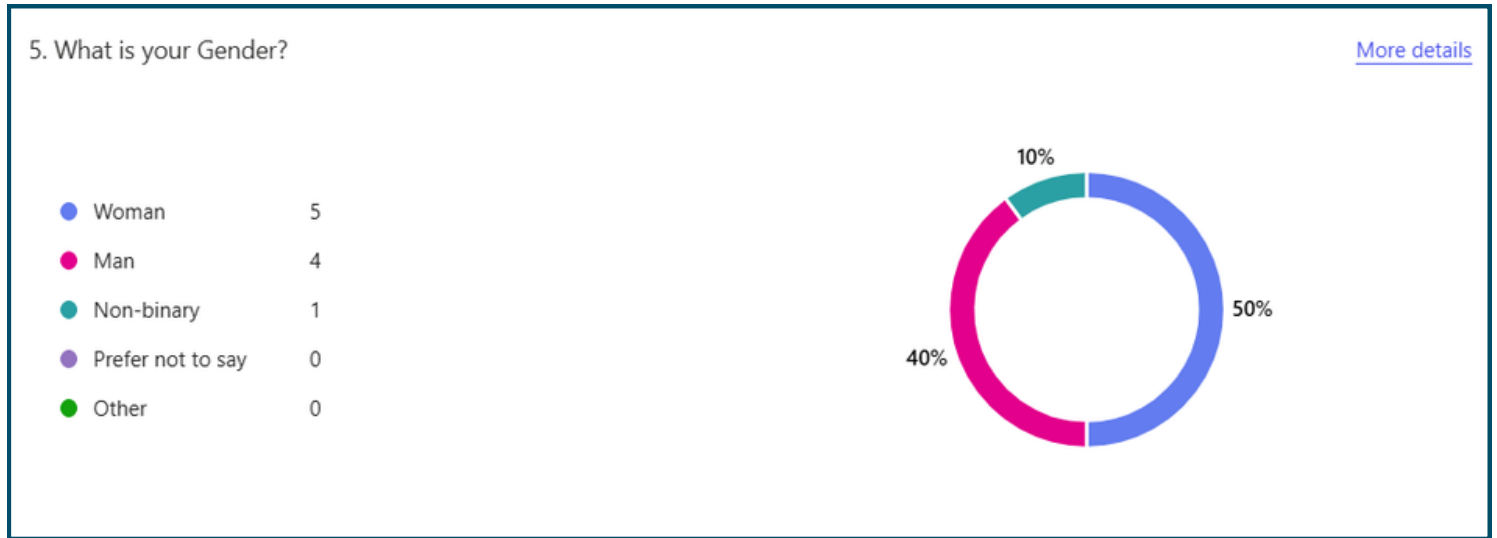


(Graph from Microsoft form's)

The survey results showed that convenience was the main reason respondents chose the Pharmacy First service. Half of participants (50%) reported that they used the service because it did not require booking an appointment. A further 30% stated that difficulty accessing GP appointments influenced their decision. Smaller proportions of respondents indicated other reasons, with 10% being referred by a GP or another healthcare professional and another 10% choosing the service because pharmacies were easier to access than other healthcare providers.

Demographics

Gender

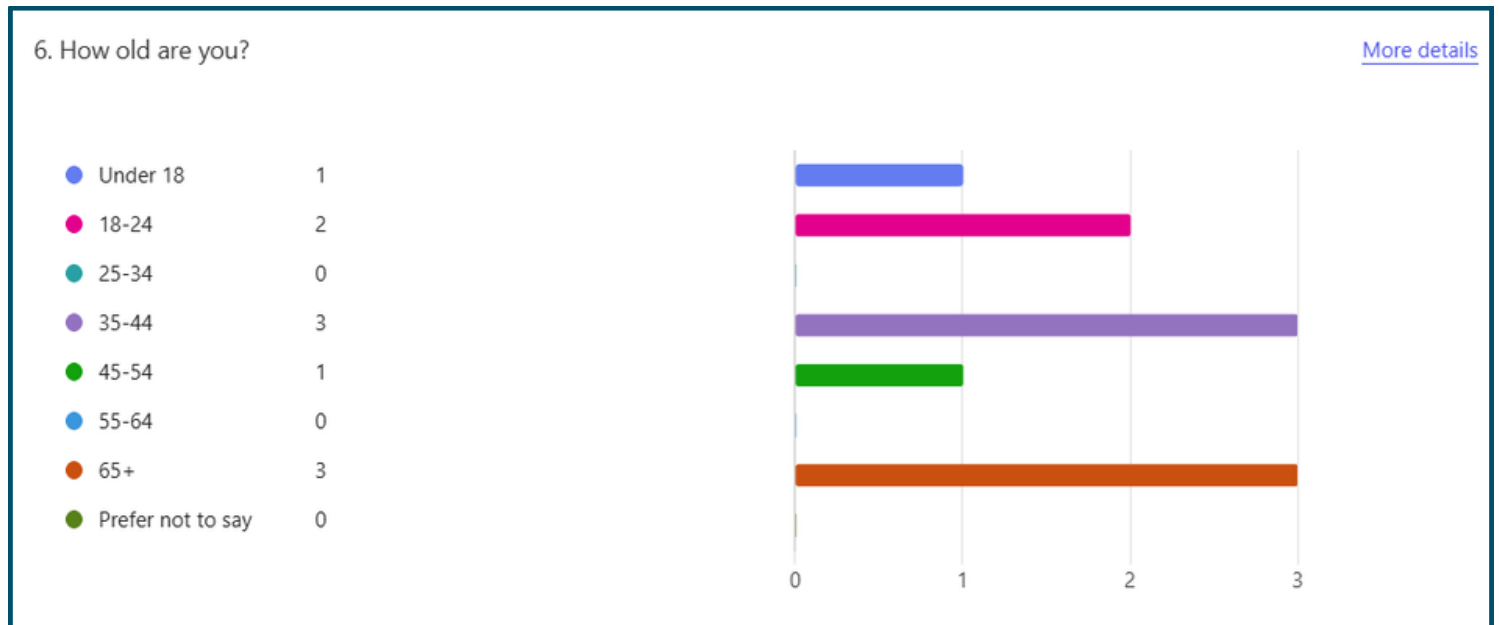


(Graph from Microsoft form's)

The survey sample included a range of genders, with females representing the largest proportion of respondents (50%), followed by males (40%). A smaller proportion of participants identified as non-binary (10%). No respondents selected “prefer not to say” or “other”. This distribution suggests that the Pharmacy First service is being accessed by individuals across different gender identities, although female respondents were slightly more represented in this sample. The higher proportion of female respondents may reflect greater engagement with community pharmacy services among women, although the small sample size should be considered when interpreting these findings.

Demographics

Age

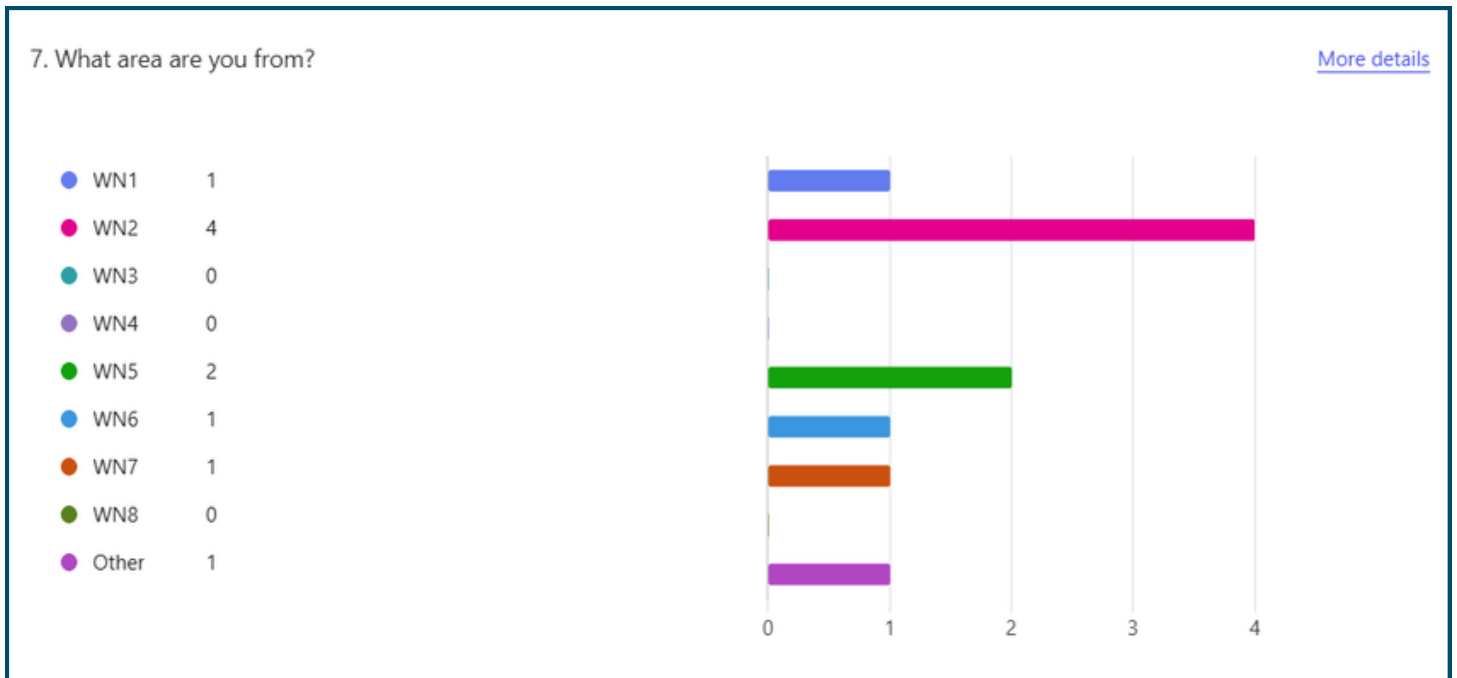


(Graph from Microsoft form's)

The results indicate that both middle-aged adults (35–44) and older adults (65+) were the most frequent users of the Pharmacy First service within this sample. This suggests that the service appeals to a broad age range, particularly individuals who may require more frequent access to healthcare support. However, the absence of respondents in the 25–34 and 55–64 age groups highlights potential gaps in engagement that could be explored further.

Demographics

Area



(Graph from Microsoft form's)

The majority of respondents were from the WN2 area, accounting for four participants. This was followed by the WN5 area with two respondents. Smaller numbers of participants were recorded from WN1, WN6, and WN7, with one respondent from each area. One respondent also selected "Other" as their location, while no participants were recorded from the WN3, WN4, or WN8 areas. This distribution suggests that the Pharmacy First service is primarily being accessed by individuals from nearby postcode areas, with higher engagement observed in WN2.

Positive Feedback



“Pharmacist was probably more thorough in examination and prescribing than the GP would have been! I used the service for shingles, and was extremely impressed. I have already recommended the service to other people too.”

“it was a delight to come in contact with and very helpful and full of information.”

“Overall very impressed with service.”

“Very Good would use again.”

“Very good service.”



Negative Feedback



“Pharmacist hadn't a clue that what I had was an insect bite.”

“they need more staff to cope with the demand”

“I tried to use my local pharmacy, well on [name] street in [place] about a female health issue. I asked to speak to a pharmacist privately in the consultation room. To which I was asked what the issue was with in front of many other customers within hearing distance, which to me was a bit embarrassing. The pharmacist then came out a few minutes later and proceeded to question me on the issue on the shop floor, not in private. I think this kind of feedback needs to be fed back as this has put me off using it again, which is a shame as I think it's a great way to reduce NHS strain”



Mixed Feedback



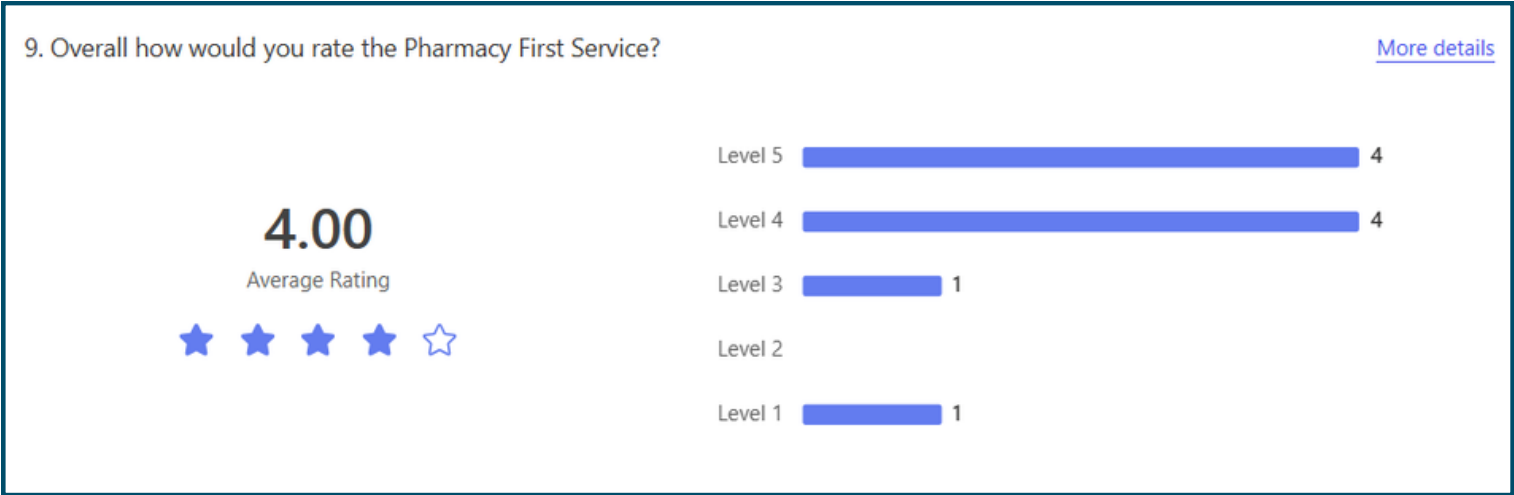
“Needs more people to know about the service. I found it very quick and easy. Easier if you have a late night chemist as people who wor can access the service more easily.”

“kind of helpful, but not provided with enough information”



Overall Review

The Pharmacy First project was delivered over a five-month period, concluding on 31 December 2025. Throughout the duration of the project, engagement levels were slow and steady during the period of time that the project ran and feedback from participants was consistently encouraging. The overall service rating achieved was 4.0, reflecting a high level of satisfaction with the quality, accessibility, and effectiveness of the service provided. Analysis of the collected responses indicates that the majority of users reported positive experiences, highlighting the value of community pharmacy-led care and the convenience of accessing timely treatment and advice. This positive feedback demonstrates that the Pharmacy First initiative has successfully met its core objectives and addressed patient needs within the local healthcare system. In conclusion, the project has delivered meaningful outcomes, improved patient access to care, and reinforced the role of pharmacies as a key frontline healthcare provider. The results provide a strong foundation for continued development and potential expansion of the Pharmacy First service in future phases.



Recommendations

Although this report may not fully represent the breadth of the community it remains essential that the voices within the community are acknowledged and taken into account.

1. Ensure all consultations with members of the public take place in a designated consultation room rather than in public or open areas, maintaining privacy and confidentiality at all times.
2. Ensure that all information provided to members of the public whether delivered verbally or in writing is communicated in a clear, accurate, and easily understandable manner.

Reporting

This report will be shared with the ICB Head of Medicines Optimisation (Wigan), Deputy Place Based Lead Integrated Care Board (Wigan), and the Primary Care Commissioning Committee for discussion.





Due to the instability of the local ICB across GM we were unable to present for a response to the project.

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