

Pharmacy First Awareness

June 2026



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2. Introduction

2.1 Pharmacy First

- The Pharmacy First service was launched on 31st January 2024 (almost two and a half years ago) with the aim of freeing up General Practice (GP) appointments for patients who need them most and to give people quicker and more convenient access to safe and high-quality healthcare.
- It includes the supply of appropriate medicines for 7 common conditions including earache, sore throat, and urinary tract infections (UTIs), aiming to address health issues before they get worse.
- Residents can visit their local pharmacy for expert advice and treatment for many common conditions – no need to wait for a GP appointment. It's fast, convenient, and safe, with trained pharmacists who can provide prescription-only medicines like antibiotics. The service is free, following normal NHS prescription rules.
- At Healthwatch Brent we wanted to learn 1) our residents' awareness and understanding of the service available under Pharmacy First and 2) if / how these services are being used.
- Brent is the 5th largest borough in London (estimated to be around 353,000) and the 30th largest locality in England.
- Brent is home to many communities and is one of the most diverse boroughs in London. Almost two thirds of the population (64%) are from Black, Asian and minority ethnic groups, the third highest in London. A further 19% of residents are from White minority groups. The remaining 16% of residents are White British, the second lowest rate in London.

Introduction Cont.

- Around 150 different languages are used in Brent. In 2011, 37% of the Brent population used a main language other than English – the 2nd highest in England. Around 9% of adults in Brent have poor proficiency in spoken English.
- Brent's populations are disproportionately affected by health inequalities and has a large population that falls within the “seldom heard groups”.
- There is one A&E department in the borough at Northwick Park Hospital. It's often described as extremely busy, with long waiting times for emergency treatment. Historical data indicates that patients have a 48% probability of waiting between 4 to 12 hours. It is one of London's busiest, leading to significant pressures on bed capacity and high demand. Brent has 2 Urgent Care Centres (UCCs). There are 52 GP practices and a relatively high patient-to-GP ratio.
- Given these factors, our research was focused on the awareness and use of pharmacy services before trying to access other available health services.

2.2 Acknowledgements

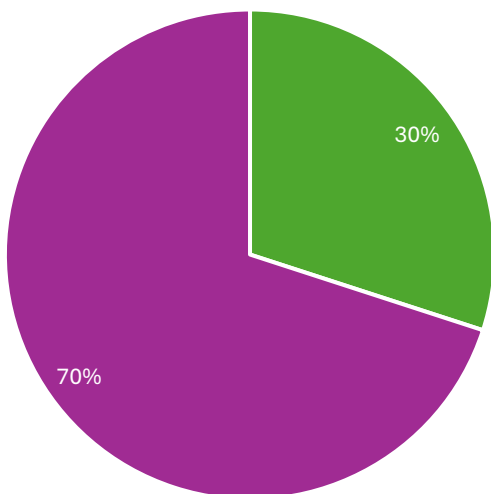
- Healthwatch Brent would like to thank Danny Maher and his team at Ashford Place and Zina and Maria who run the Café at the Chalkhill Community Centre for supporting us to engage with residents in community spaces, where they feel safe and supported to give their feedback independently and anonymously. As well as all the residents who took the time to complete our on-line survey.

2.3 Methodology

- In order to carry out this work, our team undertook a period of desk-based research which included reviewing the Brent Pharmaceutical Needs Assessment (PNA) 2025, NHS England literature and Healthwatch England reports and documentation.
- We also developed an on-line survey which we advertised through our engagements and social media. We held two focus groups attended by 19 people. We undertook 8 one-to-one conversations. We received 27 completed online surveys. In total, 54 residents provided feedback.
- We also included feedback gathered as part of the Brent Pharmaceutical Needs Assessment (PNA) which we actively supported in terms of community engagement. The PNA received 383 responses from residents.

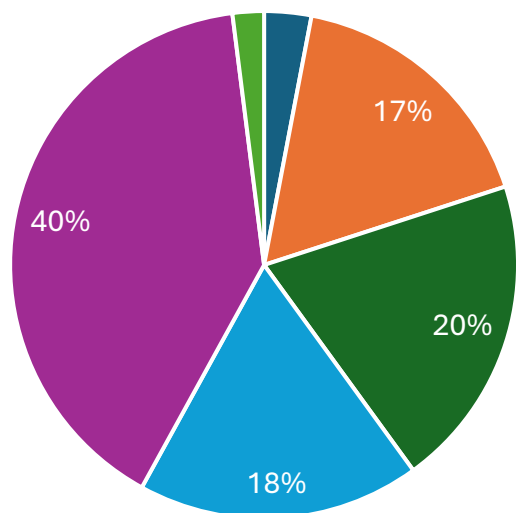
2.4 Participant demographics

Gender



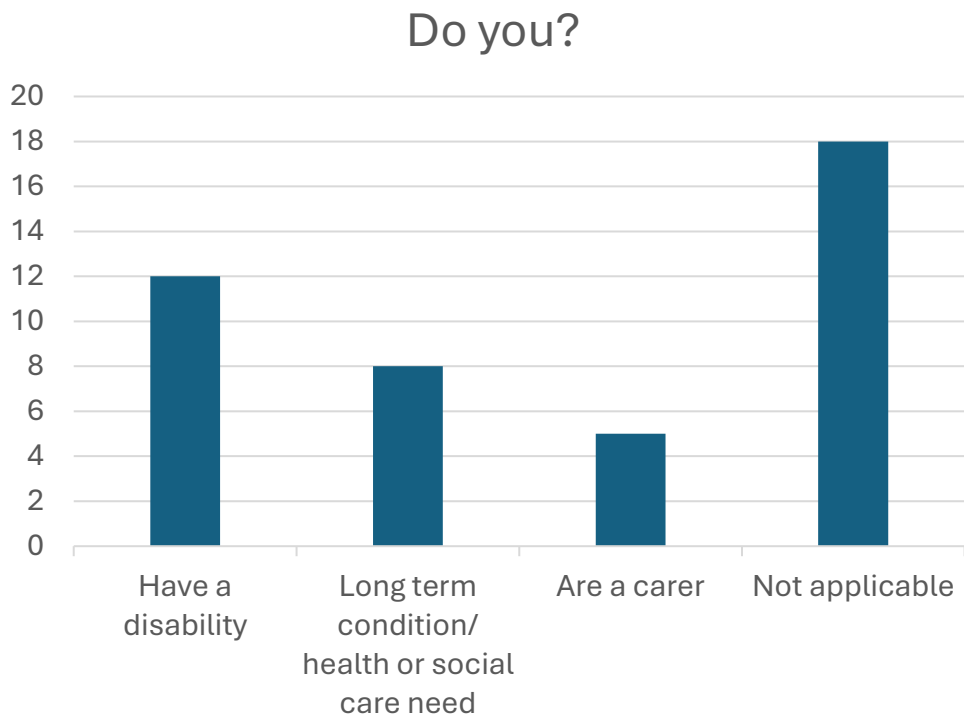
■ Male ■ Female

Age

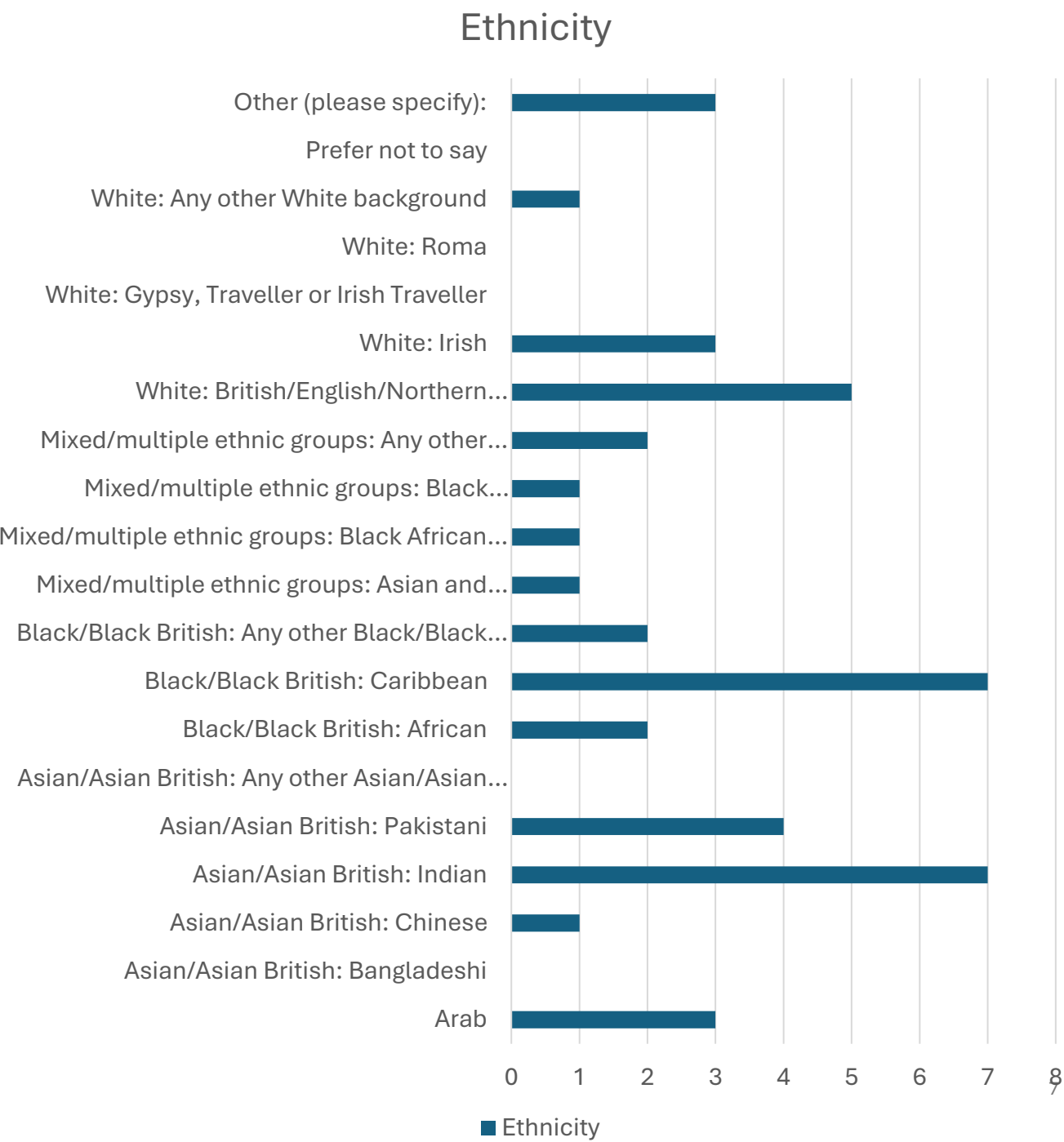


■ 13-15 Year Olds ■ 18-24 Year Olds
■ 25-49 Year Olds ■ 50-64 Year Olds
■ 65-79 Year Olds ■ 80+ Year Olds

2.4 Participant Demographics Cont..



2.4 Participant Demographics Cont..



3. Key points - Local Pharmacy review

(Source Brent PNA 2025)



Brent has 80 Community Pharmacies
That's higher than the national average in England.



79% of respondents have a regular or preferred pharmacy. 83% could get to a pharmacy in under 20 minutes



81% of respondents said that the most common reason for attending the pharmacy was to collect prescriptions



46% went to buy over the counter / 28% to get advice
24% to collect prescriptions for someone else.



Most important factors when choosing a pharmacy were
Service quality 77% / Location – 77% / Availability of medicines 77% / Customer Service 71%



Almost everyone surveyed had a regular local pharmacy. Most visited at least once a month, while a few hadn't been to a pharmacy in over six months. Saturday and weekday mornings were the most convenient times to go.

4. Summary of findings

4.1 Overview

- It was clear from our research that the majority of residents we spoke to did not have a good awareness / understanding of Pharmacy First and the services available to them outside visiting their General Practitioner (GP) or the A&E Department.

Our Key findings are as follows:

- The level of awareness amongst residents is significantly low. Only 19 of the 54 residents had heard of it (35%).
- The main reason for going to the Pharmacy was to fill a prescription with the second most popular reason being having an (mostly flu) jab.
- The majority found out about Pharmacy services through friends and family with the General Practitioner (GP) being the second highest followed by Community group.
- The lowest level of awareness was via social media.
- Residents do not always understand the offer available. Especially when NHS terminology is used to promote services. Our research showed that 85% of residents gained a better understanding via the easy read materials available.
- Impetigo was the least understood condition with only 22% of the residents we spoke to understanding this condition.

4. Summary of findings cont..

- We provided the focus group with the easy read from the NHS Pharmacy First Campaign NHS Pharmacy First Campaign - easy read - UPDATED Jan 2025 - Resources - UK Health and Learning Disabilities Network Participants unanimously agreed that this helped them to understand the services offered.
- There was an underlining cultural aspect that became clearer with our qualitative feedback. Residents prefer to see their GP or an NHS service rather than a pharmacist. They do not see the Pharmacist as a medical practitioner and would therefore always attend their GP when they have an issue.
- Issues were raised about confidentiality in the Pharmacies.

One participant commented.....

“ Why would I go to the pharmacy, I would never dream of walking into these desperate looking people, and I think that the pills are given”

- Residents we spoke to did not feel services were being offered for free. Instead, they had seen contradictory information stating that some ostensibly free services we discussed actually carried a charge. Most respondents said it was confusing / difficult to know what they would have to pay for and what was free. Given the cost-of-living crisis, many participants said they would not financially take the risk of being charged.
- One participant commented.....

“I don't see pharmacists as being “community” I see them as being private businesses, who are making money”

5. Recommendations

The recommendations below are based on suggestions from those we spoke to as to what would be most helpful in improving their experiences.

Awareness raising campaign

- Given the lack of awareness, It would be advisable to have a co-ordinated and consistent approach to raising the profile of the Pharmacy First and the 7 conditions that can now be treated.
- There is clear evidence that the best outcomes will be achieved using easy read / plain English approach.
- Given residents did not see Pharmacists as clinical staff, the awareness raising campaign needs to consider a long-term approach which may achieve a cultural change around perception.
- Engaging ground roots community groups in this campaign would be important, given this was the third highest communication channel residents raised.
- Brent Health Matters (Public Health) should continue to raise awareness of these services. We were provided with a helpful fridge magnet they developed, in several popular, languages. Circulating this more widely and raising awareness at all events would be beneficial.



5. Recommendations Cont..

- Utilising a "Making Every Contact Count" approach will support awareness raising. Currently our 17- to 18-year-old residents are attending Pharmacies for their Meningitis B vaccination – How are we using this opportunity to inform the younger population of services available?

Research

- Many residents felt that Pharmacies are private income generating business. Some mentioned seeing notices about paying for some services, that should be free – It would be sensible to investigate this to uncover the truth.
- There is clear research / evidence that the wider Health and Social Care system would save money (in the longer term) by investing in prevention / managing health and social care issues promptly. The Pharmacists could have a bigger impact in this regard through wider resident awareness raising.

Wider system alignment

- Working in partnership, all Health and Social Care providers / staff should support raising awareness of Pharmacy First. We found that GP surgeries are doing this well. Are there lessons for other services about best practice?

5. Recommendations Cont..

- There is a role for the Integrated Neighbourhood teams (INT's) to support awareness raising in their communities as part of the "providing care closer to home " approach.
- The Integrated Care Board / Partnership should look at working with Public Health to invest in a bottom-up change in awareness and take up those results in savings and better health outcomes further down the line.
- Raising awareness of the Pharmacy First offer across the system so staff can promote it should form part of the induction process for all staff who are signposting residents / supporting residents to access the right services to meet their needs.

6. Next Steps

- This report will be forwarded to key decision makers including the Director of Public Health and Leisure, the Involvement Manager Brent Integrated Care Board, Neighborhood managers - Integrated Neighborhood teams (INT's), leads in the Integrated Partnership.
- Any responses will be published in a revised version of this report and detail the impact of resident engagement.

Healthwatch Brent
Hosted by the Advocacy Project
Stowe Centre
258 Harrow Road
London, W2 5ES



www.healthwatchbrent.co.uk



020 3869 9730



info@healthwatchbrent.co.uk



@hw_brent



@hw_brent



Healthwatch Brent