

## Taking stock of the Government's delivery plan for recovering primary care: One-year-on review

### Introduction

Published in May 2023, the [Delivery plan for recovering access to primary care](#) (herein referred to as the Delivery plan) has reached its one-year anniversary, with a number of its key commitments now introduced.

Self-care is a key pillar of efforts to improve capacity for primary care. As such, the Self-Care Strategy Group (SCSG) – comprised of medical royal colleges, professional organisations and trade associations representing clinicians, commissioners, suppliers, pharmacies and manufacturers of self-care medicines, medical devices and food supplements – were pleased to secure the inclusion of several commitments in the Delivery plan that were initially outlined in our 2021 [Blueprint for a Self-Care Strategy](#).

As highlighted by research conducted in 2023 by [Frontier Economics](#) (commissioned by PAGB, the consumer healthcare association), improving support for self-care has the potential to produce significant savings for the NHS.<sup>1</sup> Across the UK, 25 million GP appointments and 5 million A&E visits per year are used for self-treatable conditions – equivalent to £1.7bn per year.<sup>1</sup> Through the effective implementation of the Delivery plan's self-care policies, these costs could be mitigated whilst also helping people to have better access to primary care and agency over their health.

In April 2024, NHS England published an [update on the implementation of the Delivery plan](#) highlighting progress made to date and actions that will be taken in 2024/25 to “go further”. We welcome this update as a sign of both NHS England's (NHSE) and the Department of Health and Social Care's (DHSC) continued pledge and intention to deliver improved access to primary care.

To mark the first year since the Delivery plan's publication and to restate our commitment to supporting the Government and NHSE in the successful implementation of their commitments, we have conducted our own review of the implementation of the Delivery plan's policies focused on self-care, with particular attention on:

- Enhancing the role of community pharmacy
- Faster navigation, assessment and response
- Empowering patients and healthcare professionals

Drawing on the expertise and on-the-ground experience of our membership, we hope that this review will help to inform the next steps for the implementation of the Delivery plan. Additionally, we hope it will show how policymakers can continue to support self-care policies to ensure gains are cemented and not lost as the planned two-year investments begin to expire.

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<sup>1</sup> Frontier Economics, 2023, [The economic impact of over-the-counter products in the UK](#), accessed April 2024

## How we conducted this review

Self-care comprises the actions that individuals take for themselves, on behalf of and with others to, develop, protect, maintain and improve their health, wellbeing or wellness.

In assessing the Delivery plan's policies, which aim to improve support for or encourage self-care, this review focuses on:

- [Progress to date](#), looking at how the policies that have been implemented are positively impacting people's ability to self-care and helping to relieve pressure on primary care
- [Existing areas for improvement](#) where further progress could be made to support or encourage full implementation of the Delivery plan's commitments on self-care
- [Recommendations and actionable steps](#) that NHSE and the Government should take to build upon the Delivery plan's commitments to effectively support self-care and improve access to primary care

## Enhance the role of community pharmacy

Pharmacy played a significant role in the Government's plan to recover access to primary care, with multiple commitments included in the Delivery plan to improve support for pharmacies, increase their utilisation and expand the range of services and medication community pharmacists can provide.

### Pharmacy First

Pharmacy First has been positioned as a key vehicle to support the Delivery plan's ambition to reduce pressures on primary care and A&E, encouraging greater use of community pharmacy for minor ailments. Launched in January 2024, the service allows pharmacists to supply prescription-only-medications (POM) for seven common conditions directly to patients. Alongside this service, there was also an expansion of existing services to offer oral contraception and blood pressure checks.<sup>2</sup>

While full official figures are yet to be published, data provided by the Government indicated that approximately 125,000 Pharmacy First consultations were carried out in the first full month following the launch of the service.<sup>3</sup> Approximately one third of all consultations conducted by Company Chemists' Association (CCA) members were delivered in the 20% most deprived areas of the UK, compared to just 12% in the least deprived areas.<sup>4</sup> Furthermore, in the first month over 12,000 consultations took place outside of core GP opening hours (Monday – Friday, 9am – 6pm), highlighting the public demand for this service and greater access to care beyond hours when most people are at work.<sup>4</sup>

However, despite new opportunities for GP practices to electronically refer patients to pharmacies for a wider range of minor conditions, data suggests that just one in five referrals to pharmacies are from GP practices.<sup>5</sup> To ensure GP practices are able to capitalise on the advantages of Pharmacy First, it is essential that they feel confident in the ability of

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<sup>2</sup> NHS England, 2024, [Launch of NHS Pharmacy First advanced service](#), Accessed April 2024

<sup>3</sup> Hansard, 2024, Written parliamentary question, [Pharmacy: UIN 21365](#), Accessed May 2024

<sup>4</sup> Company Chemists' Association, 2024, [Pharmacy First: the first month](#), Accessed April 2024

<sup>5</sup> Company Chemists' Association, 2024, [Pharmacy First: meeting patient need](#), Accessed May 2024

pharmacies to safely deliver care, are routinely referring patients to pharmacies where appropriate, and are informing patients of the services that pharmacies can provide without needing to book an appointment. While a toolkit to assist GP practices on changes to primary care has been committed to by NHSE, at time of writing this has yet to be published.

In addition, building on the success of Pharmacy First, there are opportunities to further integrate community pharmacies with the wider healthcare network. For example, while GP practice staff can refer patients to pharmacies and other primary care services, pharmacists remain unable to refer patients directly to other care providers, aside from to general practice, while new digital systems remain in development. Furthermore, delays in the implementation of interoperable IT systems to enable pharmacies to refer patients to GPs or other primary care services means pharmacists are only able to refer patients via telephone.

In light of wider changes to primary care infrastructure, such as the introduction of Community Diagnostic Centres (CDCs) and Targeted Lung Health Checks (TLHCs), it is essential that healthcare professionals in all settings are able to refer patients to the most appropriate service for their condition within primary care, or to secondary care where appropriate. Resolving delays in the implementation of IT systems and digital referral pathways for pharmacies will be a key first step in achieving this ambition.

#### Widening access to medicines through reclassification

The Delivery plan included a commitment to improve patient access to treatments for self-treatable conditions. In 2023, the Reclassification Alliance was formed to identify medicines that could be reclassified from POM. Additionally, the Alliance was tasked with exploring opportunities to strengthen the process for companies to make reclassification applications and incentivise innovation in reclassification in the UK. To date, this work has brought together the Medicines and Healthcare products Regulatory Agency (MHRA), DHSC and key industry stakeholders – including PAGB, the National Pharmacy Association (NPA), CCA and the Royal Pharmaceutical Society (RPS).

Since the Alliance was founded, significant progress has been made in reviewing the categories and conditions that may be suitable for reclassification. This work has been underpinned by collaborative working with industry and learnings from international partners. It is critical that this momentum is capitalised on and sustained to ensure the broader ambitions of positioning the UK as a world leader in medicines reclassification and improving patient access to medicines.

#### Supporting rural communities

While the Delivery plan acknowledges the challenges faced by rural and remote communities with limited access to primary care, including GPs and pharmacies, further focus is needed to ensure these patients are not deprived of the benefits provided through Pharmacy First. In the Delivery plan, the Government committed to “*work with distance selling pharmacies (DSPs) to help remove barriers to the provision of remote services where appropriate and make it easier for patients to choose these services if they wish*”. To compliment this, NHSE could look to improve and make greater use of pharmacy telephone and video consultations for the conditions and other services provided under Pharmacy First and seek to make full use of the expertise of dispensing doctors who are often the most common providers of medications in these communities.

## Recommendations

In looking to fully realise the benefits of an enhanced role for community pharmacy and widened access to medicines for self-treatable conditions:

1. **DHSC and NHSE should ensure sufficient pathways and IT infrastructure are introduced to enable community pharmacists to refer patients directly to the full range of primary care services**, and where appropriate to secondary care
2. **DHSC and MHRA should continue to work collaboratively with stakeholders to realise ambitions of the Reclassification Alliance**, including exploring opportunities to widen the use of 25 medicines over the next five years, to improve people's ability to self-care for minor conditions
3. **DHSC and NHSE should work with patient and professional organisations to explore future opportunities to maximise the role of pharmacy in supporting people to self-care** and expand better access to medicines in pharmacies
4. **DHSC and NHSE should continue to work with patients and professional organisations to review how access to self-care and treatments for self-treatable conditions can be improved for populations living in rural and remote communities**

## Faster navigation, assessment and response

The need to educate the public, and staff working in primary care, on the changes made to how patients can access primary care is clearly recognised in the Delivery plan, with several commitments made towards raising awareness. We welcomed the Delivery plan's recognition that optimal navigation of primary care services requires a "*good understanding of local services and the expanded range of practice roles, as well as the customer service skills to effectively direct patients*". Likewise, we have been encouraged by the subsequent initiatives established to raise awareness among the public and staff that work in primary care settings of how, when and where to seek healthcare advice.

### National Care Navigation Training programme

The National Care Navigation Training programme (NCNTP) has helped staff in general practice to improve their awareness of changes to the primary care system,<sup>6</sup> including Pharmacy First, and how and when to refer or recommend patients towards the most appropriate setting for their condition.

Whilst the NCNTP is a positive step forwards in training GP practice staff, it is important to note the wide range of healthcare professionals and non-clinical staff that patients interact with who should also be trained to direct patients towards the most appropriate setting for their conditions. As such, it is important that modules on care navigation are included within essential training for all patient facing staff (both clinical and non-clinical) within Primary Care

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<sup>6</sup> National Association of Primary Care, 2024, [Care Navigation – signposting to the right care in the right place at the right time](#), Accessed April 2024

Networks (PCNs) – this would help to avoid missed opportunities during patient interactions and improve knowledge within communities of how local services have changed and how to access them.

In addition, it is important that there is a process to ensure information on care navigation given by healthcare professionals and other patient facing staff is delivered equally across the country. To achieve this, NHSE could look to introduce national guidance on care navigation standards that can be tailored by PCNs and Integrated Care Boards (ICBs) for their local contexts and implement a routine evaluation process to identify areas across England which require greater support. This will help to ensure a standard benchmark of care and mean people are equally aided by healthcare professionals to navigate local care systems, regardless of where they live.

### Pharmacy First awareness campaign

Understanding the need to improve public health literacy, the Delivery plan noted “*NHS England will launch a major communications campaign to explain the evolving nature of primary care to the public and how they can best use the NHS.*” Subsequently, the Pharmacy First information campaign – launched in February 2024<sup>7</sup> – utilised radio, TV and social media to inform people about the conditions for which pharmacies can provide treatment, as well as the additional services pharmacies can provide.

However, at present there are no plans to continue the Pharmacy First communications campaign beyond its initial 2-month scope, and the impact of the campaign has yet to be assessed to establish its success and areas where further awareness is needed.<sup>8</sup> Given the time it takes for attitudes and behaviours to change,<sup>9</sup> this approach risks potential gains in health literacy and awareness being lost. In turn, this could result in potential improvements to access within primary care taking longer than necessary to be realised.

In addition, it is important that future awareness campaigns focus not only on the conditions included in Pharmacy First, but also on the broader roles and services that pharmacies can provide, including blood pressure checks, oral contraception and smoking cessation. Also, policymakers should ensure campaigns are sustained over a longer period to better facilitate behavioural change and educate the public on how, when and where they can seek self-care beyond Pharmacy First. Together, these would further help to distribute workload more effectively across primary care and make best use of the skills of pharmacists, particularly given that all newly qualified pharmacists will be able to independently prescribe from 2026.

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<sup>7</sup> NHS England, 2024, [NHS campaign to help patients get treatment from their pharmacy](#), Accessed April 2024

<sup>8</sup> NHS England, 2024, [Update on the pharmacy first service](#), Accessed April 2024

<sup>9</sup> Public Health England, 2018, [Improving people’s health: Applying behavioural and social sciences to improve population health and wellbeing in England](#), Accessed April 2024

## Recommendations

To ensure that people access healthcare advice and treatment in the most suitable setting for their condition:

5. **DHSC should look to introduce essential training on care navigation for all Primary Care Network staff**
6. **DHSC should work with NHSE and professional organisations to publish guidelines on good clinical navigation**
7. **DHSC and NHSE should seek to review the impact of the Pharmacy First awareness campaign and explore opportunities to build upon and expand it into a long-term campaign** that informs the public about the broader services, care and advice pharmacists can provide

## Empowering patients and healthcare professionals

Since 2020 and the initial stages of the COVID-19 pandemic, digital tools have become essential in providing care and advice to patients.<sup>10</sup> The digital transformation of the NHS has been a vital step in modernising the service with more patients increasingly utilising NHS digital tools as a virtual front door to the NHS. To further capitalise on the benefits of using digital services to access primary care, the Delivery plan looked to optimise the NHS's digital toolkit.

### NHS App and digital tools

With over 33 million registered users,<sup>11</sup> improvements in the functionality of the NHS App present significant opportunities to improve care for a large portion of the population. We welcome the recognition of this in the Delivery plan, illustrated by the commitment to improving the functionality of the App, including allowing all patients to access their medical records via the App, order repeat medications and directly book routine appointments, such as for immunisations.

However, as noted in [PAGB's 2023 audit of NHS digital services](#), gaps remain in the NHS App's navigational pathway, with information on specific conditions being difficult to find, requiring users to search through an extensive alphabetised list of conditions, even for minor conditions.<sup>10</sup> When considering self-treatable conditions, it is vital that the App provides clear, accurate and easy-to-find information and advice – this will help to reduce unnecessary use of GP and A&E services for conditions that people can self-treat at home. It is also important that the interoperability of the NHS App with other reputable and PIF TICK accredited healthcare apps and information providers is reviewed to allow the NHS to capitalise on innovations and provide even greater support to patients to self-care and manage their conditions.

In addition to the NHS App, the NHS website is an equally important and frequently used tool with approximately 23 million visits per month.<sup>10</sup> The Delivery plan committed to expanding information available on local services and women's health on the NHS website, as well as to improving the heart age and blood pressure monitoring tools. While these are positive

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<sup>10</sup> PAGB, 2023, [Unleashing the potential of digital tools to support self-care](#), Accessed April 2024

<sup>11</sup> NHS England, 2023, [NHS App reached record users on fifth anniversary](#), Accessed April 2024



steps, focus should also be paid to GP websites to provide information on local services and resources that can support self-care.

With [PAGB's 2022 survey](#) of attitudes towards self-care indicating that 42% of the public feel overwhelmed by the amount of health information available online,<sup>12</sup> services like the NHS App must be simple to use and designed with user experience in mind. It is also key that support is provided to improve the accessibility of digital tools for those for whom English is not their first language, with disabilities, sensory impairments, or poor digital and health literacy to minimise health inequalities.

### Empowering patients

The role of healthcare professionals, such as GPs, GP practice staff, nurses, and pharmacists, in empowering people to self-care is well established in the Delivery plan. However, it is also important to recognise the value that all patient facing PCN staff can provide towards this effort and how other services within local communities can be recruited and supported to educate and empower people to self-care. For example, PCNs could engage with their local authorities to identify opportunities to work with local schools to educate teachers and pupils on how to self-care for common minor ailments and the importance of doing so.

### Community pharmacist access to patient medical records

As patients increasingly use and benefit from the full range of primary care services, ensuring continuity of care is vital. To that end, newly introduced functionality for community pharmacists to write into patient medical records the treatments and medications they have provided under Pharmacy First is a positive step forward. This recognises the importance of joined up care and ensures patient records reflect the full picture of the care and advice a person has received.

Yet, this new write access is currently limited to care delivered for only the conditions included in the Pharmacy First Service and a few other selected services, such as contraception and blood pressure checks. Given the improvements to interoperability of IT systems that have enabled this new access, there is scope to look at fast-tracking this access to sooner enable community pharmacists to record self-care advice and treatment provided to a patient, where appropriate. Ultimately, this will allow other healthcare professionals such as GPs or those in secondary care to make more informed treatment decisions and provide more personalised care.

## Recommendations

In looking to further empower patients and healthcare professionals through digital transformation:

- 8. NHSE should review and improve the accessibility and navigational pathway of the NHS App to better support users to find accredited information and manage self-treatable conditions**
- 9. NHSE should fast-track the extension of community pharmacy write access to patient medical records to enable them to record to patient records for a wider range of conditions**

<sup>12</sup> PAGB, 2022, [Taking care, taking control: Self-care attitudes 2022](#), Accessed April 2024

## Looking ahead

To reduce pressures on primary care and improve patient experience, it is crucial that the Delivery plan's commitments are fully implemented. As such, routine monitoring and tracking of the success and delivery of the new initiatives from the plan must be carried forward over the next year and beyond the plan's two-year investment period.

Through the recommendations outlined in this report, in tandem with the commitments noted in the Delivery plan and NHSE's update and action plan for 2024/25, we believe policies that support and encourage self-care will help to ensure a more sustainable future for NHS services, by:

- Providing people with confidence in their ability to self-care and access the most appropriate primary care setting for advice and treatment for their condition
- Supporting pharmacies to deliver care to local communities sustainably and reduce inequalities in access to care into the future
- Reducing pressures on general practice and A&E resulting from conditions which could be self-treated or managed in other primary care settings
- Addressing geographic and socioeconomic health inequalities and levelling up the most deprived areas of the country

As members of the Self-care Strategy Group, we are committed to playing our part, both individually and collectively, to support this work and encourage self-care for self-treatable conditions. We look forward to continuing to work with the Government, NHSE and the MHRA to fully and effectively implement the delivery plan for recovering access to primary care services and support people to self-care.



## Further information

This review has been co-developed by:

- Community Pharmacy England
- Company Chemists' Association
- National Pharmacy Association
- PAGB, the consumer healthcare association
- Patient Information Forum
- Royal Pharmaceutical Society
- Self Care Forum