

By October 2025, pharmacies in England had delivered around **4.5 million Pharmacy First consultations**, using the commonly reported total for activity from February 2024 to October 2025. That is a substantial volume of care delivered through community pharmacies—and a substantial addition to the work pharmacy teams have to organise, staff and record.

The figure needs a date and a denominator. It refers to consultations across the Pharmacy First service in England over a defined period, not 4.5 million separate patients, pharmacies or prescriptions. Some people may have had more than one consultation, and the total does not tell us how many consultations each pharmacy delivered or how many resulted in a medicine supply.

For pharmacy owners, the headline is not just that activity has grown. Pharmacy First has expanded the role of community pharmacy while many teams are already managing pressure on staffing and capacity. A recruitment advert can help fill an immediate vacancy, but it cannot solve every rota problem in a tight labour market. Building skills through apprenticeships can help create a more reliable staffing pipeline—provided the training plan is practical and the learner gets proper supervision.

What does the 4.5 million figure cover?

Pharmacy First launched in England on 31 January 2024. The service enables participating community pharmacies to offer advice and treatment for certain common conditions, including through clinical pathways. It also includes referrals for urgent supply of some medicines and the existing minor illness and urgent repeat medicine supply elements.

The **4.5 million Pharmacy First consultations** figure is best understood as a cumulative activity estimate from February 2024 to October 2025. The start date matters: a total beginning in February does not include activity before then, and a count ending in October 2025 should not be presented as a live total beyond that month. NHS activity data can be updated or revised, so anyone publishing the figure should check the latest official release and describe the reporting period clearly.

Question What the figure means What it does not tell you How many consultations? Around 4.5 million reported consultations from February 2024 to October 2025. The number of unique patients or consultations at an individual pharmacy. Where? Pharmacies delivering the service in England. A UK-wide total covering every nation's separate arrangements. Does every consultation mean a prescription? No. Pharmacy First includes clinical assessment, advice and different outcomes. That every contact resulted in a medicine being supplied or a GP appointment being avoided. Does volume show whether a service is sustainable? It shows a large amount of activity over the period. Whether every pharmacy has enough staff, consultation space or time to deliver it well.

For the current service description and operational requirements, refer to NHS England's Pharmacy First guidance. For the latest available activity figures, check the relevant NHS England or NHS Business Services Authority publications and confirm the date covered before quoting a total.

Why Pharmacy First has added pressure to primary care

Pharmacy First was designed to make it easier for people to get help for common conditions and to make better use of community pharmacy expertise. It can also support the wider NHS by giving patients another route to timely care. But a new route into care still needs people to deliver it.

A consultation involves more than the minutes spent speaking with a patient. Depending on the case, the pharmacist or team may need to check eligibility, review relevant information, assess [thebusinessdesk](#) symptoms, provide advice, document the consultation, arrange a medicine supply or refer the patient onward. The work also has to fit around dispensing, medicines queries, deliveries and the steady flow of people who walk into a pharmacy needing help.

That is why consultation volume is only one measure of pressure. The operational questions are more specific:



- How many consultations does the pharmacy handle during its busiest hours?
- Who can complete each part of the process, and what must stay with the pharmacist?
- Can the rota protect time for consultations without leaving the dispensary short?
- Who covers when a trained team member is absent or on leave?
- Does the team have a private space and a reliable process for recording and following up work?

Those details determine whether a service can run safely and consistently. A monthly total may look manageable on paper while the workload clusters into a few busy days or lands on a small number of trained staff.

Pharmacy First payments: what owners should keep in mind

Pharmacy First payments are linked to the service's published NHS contractual arrangements. The payment model has included a fee for eligible clinical pathway consultations and a separate monthly payment subject to activity requirements. The exact rules, thresholds and rates can change, so owners should check the current NHS England service specification and payment guidance rather than relying on an old summary.



It is also important not to treat consultation numbers as revenue by themselves. A pharmacy needs to understand which activity qualifies for payment, how it must be recorded and submitted, and what staffing and operating costs sit behind delivery. A high volume of consultations can bring income, but it also takes staff time and requires training, supervision and dependable cover.

Before making staffing or financial decisions based on Pharmacy First payments, check:

- the current payment rate and eligibility rules for each type of activity;
- any monthly activity threshold or conditions attached to a fixed payment;
- the deadlines and processes for submitting claims;
- which staff members can support the service and what clinical oversight is required; and
- whether the pharmacy's forecast accounts for annual leave, sickness and quieter months.

Falling workforce numbers make the rota harder to solve

Community pharmacy has faced persistent workforce and capacity pressures. Workforce statistics vary by source, geography, role and reporting period; they may count headcount or full-time equivalents, and they do not always describe the same parts of the sector. So a statement that "the workforce is falling" should be tied to a named dataset and a date, rather than used as a timeless slogan.

But owners do not need a national chart to recognise the practical signs of a tight labour market: fewer suitable applicants, longer vacancy periods, competition from other healthcare employers, and difficulty covering shifts when someone leaves. The problem becomes sharper when a new service adds skilled work but the available team has not grown with it.

In real pharmacies, rotas often break for ordinary reasons. A trained colleague is off sick. A pharmacist has to manage an urgent clinical issue. A new starter needs more support than expected. A delivery arrives during the same hour as a queue. The service may have enough demand, but not enough trained people available at the right time.

Why recruitment alone is not a workforce plan

Recruitment matters, but it cannot be the only answer when every nearby employer is trying to hire from the same limited pool. Reposting the same advert, raising the urgency in the wording or promising vague “career progression” does not create qualified staff. Nor does it tell a prospective employee what their first six months will actually look like.

A workable plan combines recruitment with retention and development. That means making roles clear, giving new colleagues structured support and identifying which tasks can be developed safely across the team. Last month, I was working with a client who was shocked by the final bill.. It also means looking ahead: if a pharmacy expects more consultation activity next year, it should begin preparing people before the rota reaches breaking point.

Apprenticeships can be part of that plan. They are not a shortcut to cheap labour, and they do not remove the need for experienced staff. They provide structured learning alongside paid work, with defined training and assessment. The employer still needs to provide supervision, time to learn and tasks appropriate to the apprentice’s stage of development.

How apprenticeships can build a staffing pipeline

“Pipeline” only means something when it describes real steps. In a community pharmacy, an apprenticeship pathway can help a new or existing employee build skills over time while contributing to the team within their role and competence.

1. **Identify a future rota need.** Decide which roles or skills are likely to be difficult to cover, rather than recruiting without a clear job plan.
2. **Choose a suitable training route.** Match the apprenticeship to the work the pharmacy needs and the learner’s experience. Compare training options and support before enrolling.
3. **Set workplace responsibilities.** Agree what the apprentice can do at each stage, who supervises them and how protected learning time will fit around service demand.
4. **Review progress regularly.** Use planned check-ins to spot gaps early, adjust support and connect training milestones with day-to-day work.
5. **Plan the next step.** Before the apprenticeship ends, discuss the role, responsibilities and further development that could follow—without promising progression the business cannot provide.

For employers exploring training options, TEND Training provides a pharmacy apprenticeship training category page to review. Check the current programmes, eligibility, funding arrangements and employer support directly with the provider. These details can change and will depend on the learner and the chosen apprenticeship.

Making training useful to the Pharmacy First rota

An apprenticeship will not immediately put another pharmacist on the rota or transfer clinical accountability away from the pharmacist. Its value is longer-term: it can help develop dependable team members, improve continuity and support a clearer division of work as people gain skills. That can give pharmacists more capacity to focus on tasks that require their clinical judgement—if the pharmacy plans the roles and supervision properly.

Start with the actual workflow, not the training brochure. Map a typical busy shift. Note which activities interrupt dispensing, who answers common questions, where consultation administration sits, and what routinely gets delayed. Then ask what a trained team member could appropriately take on, what training would be needed and how the pharmacist would oversee the work.

Protect learning time as well. If the apprentice is expected to study only when the pharmacy is quiet, training will repeatedly lose out to the next queue or urgent task. A realistic plan includes scheduled learning, a named workplace mentor and cover for the time the learner spends developing skills.

What pharmacy owners should do next

- **Quote the total precisely:** say “around 4.5 million consultations from February 2024 to October 2025,” and identify England as the service area.
- **Check the source before publishing:** use the latest official activity release and note whether the number is provisional, revised or limited to particular service components.
- **Review the payment rules:** confirm current Pharmacy First rates and conditions in NHS guidance before forecasting income.
- **Audit the rota:** look at when consultations happen, which roles are stretched and what cover fails most often.
- **Build capacity in more than one way:** combine recruitment and retention with a structured training plan, including apprenticeships where they fit.

The bottom line

By October 2025, the reported total had reached around **4.5 million Pharmacy First consultations** across England since February 2024. That figure shows the scale of the service; it does not show that every pharmacy has the staffing or spare capacity to deliver the work comfortably.

Pharmacy First has brought more care into community pharmacy and added pressure to a workforce already facing recruitment and retention challenges. Owners should track activity and Pharmacy First payments carefully, but they also need a plan for the people behind the service. Recruitment remains necessary. A structured apprenticeship route can make the workforce plan more durable—one supported by defined roles, supervision and time to learn, rather than an advert that promises progression without explaining how it happens.