

Regulator raises concerns over inappropriate Pharmacy First antibiotics prescribing



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By Anna Colivicchi | 03 February 2026





The pharmacists' regulator has raised concerns that antibiotics have been supplied inappropriately through Pharmacy First.

The General Pharmaceutical Council (GPhC) said that it has received concerns indicating 'important' interaction checks and contradictions were 'not fully considered' before medicines were supplied by pharmacies, citing one specific example involving Pharmacy First.



It said that it was aware that antibiotics were supplied to a severely immunocompromised patient taking methotrexate which can increase the risk of toxicity or myelosuppression.

Another incident involved a patient who was routinely prescribed a long-term medicine and was provided with an antibiotic 'where an interaction was present'.

The regulator warned that on some cases, such interactions can result 'in serious patient harm'.



GP leaders told Pulse that the issues highlighted by the GPhC show that there are 'significant challenges' when prescribing medication to patients where the whole history is 'not easily understood or accessible'.

In an update to pharmacists, chief pharmacy officer Roz Gittins said: 'We have received concerns and intelligence indicating important interaction checks and contraindications were not fully considered as part of a clinical check before medicines were supplied.'

'One example involved the supply of antibiotics through the NHS Pharmacy First Service in England to a severely immunocompromised patient taking methotrexate which can increase the risk of toxicity/ myelosuppression.'

'Another incident involved a patient who was routinely prescribed a long-term medicine and was provided with an antibiotic where an interaction was present. In some cases, such interactions can result in serious patient harm and, rarely, life-threatening outcomes.'

She added that while pharmacy teams 'may not always have access to a patient's complete medication history', they should take 'all reasonable steps' to ensure a safe and appropriate supply.



She added: 'Pharmacists and pharmacy technicians should ensure that interactions are thoroughly checked, and patients are counselled on the initiation of medication and are aware if any medication needs temporarily pausing.'

The Doctors' Association GP spokesperson Dr Steve Taylor told Pulse: 'It is concerning that mistakes are happening within the Pharmacy First programme given that this is some of the more simple prescribing done in primary care.'

'There may be some simple explanations, but it shows that there are significant challenges when prescribing medication to patients where the whole history is not easily understood or accessible.'

'It once again highlights the reason training is essential and that expanding roles is not as simple as some think.'

Professor Azeem Majeed, a GP and head of the department of primary care and public health at Imperial College London, said that for Pharmacy First to be both safe and effective in the long term, pharmacists must have access to the same level of integrated digital information as GPs.

He told Pulse: 'Without that safety net of real-time clinical data and automated alerts, the risk of serious interactions will remain higher than it should be. Convenience of access should never come at the expense of patient safety.'

'While the incidents highlighted by the General Pharmaceutical Council are concerning, it is important to recognise that the vast majority of pharmacists are highly trained and responsible prescribers. Errors of this nature remain rare within the Pharmacy First initiative.'

'However, these cases do underline a significant system-level risk to patient safety – prescribing in isolation without full access to a patient's comprehensive medical record.'

'A key strength of the electronic medical record systems used in NHS general practice is their ability to provide a holistic view of a patient's health.'

'These systems automatically flag important drug interactions – such as the well-known risks associated with combining certain antibiotics with methotrexate – and identify patients who are clinically vulnerable, including those who are severely immunocompromised, before a prescription is issued.'

It comes after the BMA and the RCGP raised concerns around a contractual requirement for GP practices to allow community pharmacy access to the GP record, [warning that the technology is currently not 'fit for purpose'](#), and the BMA is [currently in dispute with the Government over this](#).

[Pharmacy First has aimed to shift of workload to pharmacies from GP practices](#), by allowing direct prescribing for seven common conditions.

However, last year the primary care minister said that [take-up of the programme is not where the Government 'would like it to be'](#).

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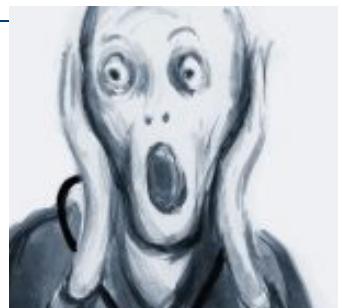
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